

RHEA COUNTY SCHOOLS

Transportation Department SCHOOL BUS COMPLAINT

Bus Number: _____ School: _____

Driver's Name: _____

Date of Incident: _____ Time of Incident Location: _____

Complaint Registered By: School _____ Parent _____ Bus Driver _____ other _____

Complainant: _____ Phone: _____

Complainant Address: _____ Zip: _____

Documentation: Tell who, what, when, where, give names, addresses, and anything that will best describe what happened.

Report Taken/Made By: _____ Date: _____

Do Not Write Below This Line

**FOR TRANSPORTATION DEPARTMENT & SCHOOL USE ONLY
ACTION TAKEN**

Name _____ Date: _____

Signature (Transportation Department)

Return Form to School or Transportation Department.

A Copy of this Report will be sent to the Central Office

RHEA COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT
305 CALIFORNIA AVE
FAX: 423-775-7831

REPORT ID: _____