

This form is not used to request bus service.

**KNOX COUNTY SCHOOLS
Transportation Department
SCHOOL BUS COMPLAINT**

(Please use ball point pen or typewriter.)

Bus Number _____ School _____

Contractor Name _____ 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 _____

Signature

DO NOT WRITE BELOW THIS LINE

FOR TRANSPORTATION DEPARTMENT & SCHOOL USE ONLY
ACTION TAKEN

Name _____ Date _____

Signature (Transportation Dept.)

RETURN FORM TO SCHOOL OR TRANSPORTATION DEPARTMENT.

A copy of this report will be sent to the bus contractor.

Knox County Schools
Transportation Department
P.O. Box 2188
Knoxville, TN 37901-2188
Fax: (865) 594-1554

Report ID _____