

# TRANSPORTATION COMPLAINT REPORT



Please use this form to report all bus issues, including bus stop concerns and to report a bus driver. Complete all required fields to better assist the Transportation Department in resolving reported issues. Please allow 3 business days for follow up. You will be contacted by a member of our administrative team when processing is complete.

**Please type or use black ink**

Name \_\_\_\_\_ Site \_\_\_\_\_

Today's Date \_\_\_\_\_ Date & time (approx) of incident \_\_\_\_\_

Reason For Request (Check One): Bus Stop Concern  Bus Driver Complaint

Type of Transportation (Check One): Regular  Special Services

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Phone Number to Contact You: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Assigned Bus Location: \_\_\_\_\_

Bus Number (If Known) : \_\_\_\_\_

Were there any witnesses to this incident? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of witness(es) \_\_\_\_\_

Below, describe what happened: (If you need additional space, please use the back of this sheet. Thank you)

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\_\_\_\_\_  
Signature of Person completing this form

A copy of this Transportation Complaint Report shall immediately be sent to the **Transportation Department via Fax (#####)** or **Email ([Transportation@aesd.net](mailto:Transportation@aesd.net))**.