

CROCKETT COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT

Driver Safety Violation/Concern Complaint Report

School Board Policy 3.400 states that students, teachers, staff, and community may report bus safety complaints. To file a complaint, complete this form and submit it to the Crockett County Transportation Supervisor at the Central Office.

FIRST REPORTED ON: Date: ____/____/____ Time: _____

Bus Number _____ Driver's Name _____

Date of Incident _____ Time of Incident _____ am/pm Location _____

Complaint Registered By: ___ school ___ parent ___ student ___ bus driver ___ other _____

Person Filing Complaint _____ Phone _____

Type of Report: ___ Phone Call ___ In Person Request follow up? ___ Y ___ N

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

WITHIN 48 HOURS OF COMPLAINT BEING FILED:

Preliminary Report issued to Director of Schools by: _____

____ Email/scan copy ____ Hard copy Date: ____/____/____ Time: _____
(request read receipt) (initial for receipt)

Investigative Findings: _____

Action Taken: _____

Call returned: ___ Yes ___ No ___ Voicemail Date call returned: _____

Response of complaint: _____

WITHIN 60 SCHOOL DAYS OF RECEIPT OF COMPLAINT:

Final report issued to Director of Schools by: _____

____ Email/scan copy ____ Hard copy Date: ____/____/____ Time: _____
(request read receipt) (initial for receipt)

Crockett County Schools
Transportation Department
102 North Cavalier Drive
Alamo, TN 38001
Phone: 731-696-2604
Fax: 731-696-4734

RETURN FORM TO TRANSPORTATION DEPARTMENT

Transportation Supervisor signature/date: _____