Date Filed: _____
(For Administrative Use Only)

RUTHERFORD COUNTY BOARD OF EDUCATION
BUS SAFETY COMPLAINT

Instructions:
The complainant shall complete this form. The Complainant must give a detailed explanation of the issues set forth in the complaint. The complaint will not be processed if all the information below is not provided. Date of infraction must be within 30 days or the complaint will not be processed.

DATE & TIME of INFRACTION: _____

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS & PHONE NUMBER: _____

_____

BUS DRIVER NAME (if known): _____

BUS # _____

DESCRIPTION OF THE ISSUE: (Attach additional pages if necessary) _____

_____

_____

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_____

_____ _____
Complainant Signature **Date**

_____ _____
Investigator Signature **Date**

Forms may be submitted in person, mailed, emailed to gillilandt@rcschools.net or faxed to 615-904-3889