

Bus Stop Investigation Form

Date: _____

Please return completed form to your school. Please allow 1 - 2 weeks for processing and investigation.

Student's Name: _____ Grade: _____

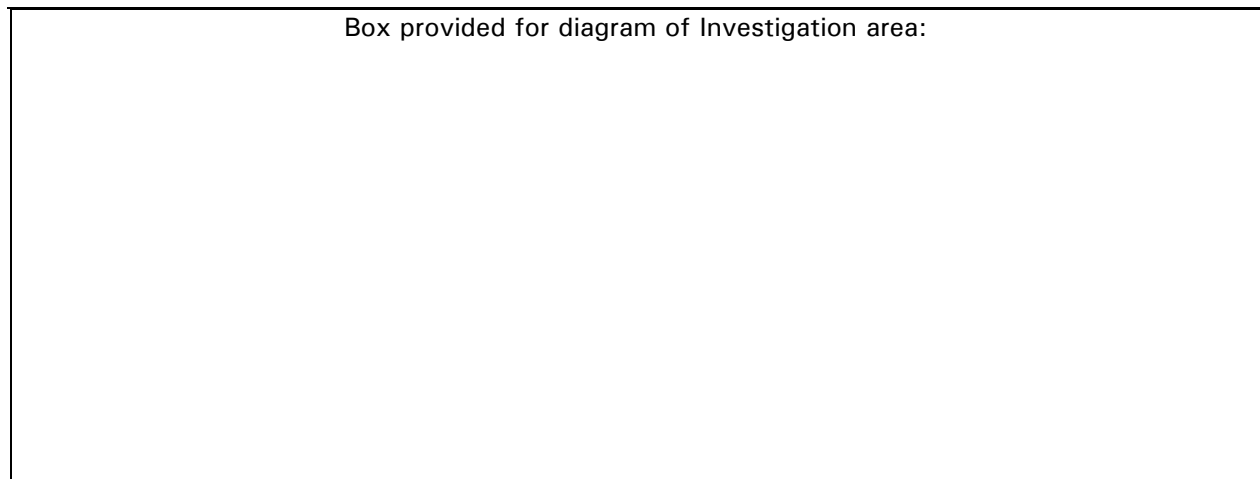
Student Address: _____

School: _____ Phone Number: _____

Parent / Guardian Requesting Investigation: _____

Please state the reason for Investigation Request: _____

Box provided for diagram of Investigation area:



*****Please note that a request for Investigation does not mean there will be a change.*****

Transportation Office Use Only: _____ Date Investigation received: _____

Investigation resolution: _____

Change made: Yes, No New Stop Id: _____ Bus # _____

Date School/Parent contacted with investigation results: _____

Routing Specialist Signature: _____