

Bradley County Schools

Transportation Complaint Form

Date: _____ Time: _____ Received By: _____

Complainant: _____

Address: _____

Telephone Number: _____

Nature of Complaint:

Student _____ Driver _____ Vehicle _____ Other _____

Description of Complaint: _____

(If additional space is needed, use back)

Complaint Follow-Up

Supervisor: _____ Date: _____

Description of Action Taken: _____

Copies To: Contractor/Driver _____
Transportation Supervisor _____
Principal _____
Other _____