

Sweetwater City Schools Transportation Complaint Form

Date: _____ Time: _____ Received By: _____

Complaint: _____

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 _____