

Date Filed: _____
(For Administrative Use Only)

**WILLIAMSON COUNTY SCHOOLS
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 thirty (30) days or the complaint will not be processed.

DATE & TIME OF INFRACTION: _____

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS: _____

COMPLAINANT PHONE NUMBER: _____

BUS DRIVER NAME (if known): _____

BUS NUMBER: _____

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

Complainant Signature

Date

Investigator Signature

Date