

**Amity School District 4J**

Code: **KLE-AR**  
Adopted: 8/8/90

**Contracted Transportation Services Complaint Report**

Complainant:

Name	Home Phone	Date
Address	Work Phone	Time

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation Contractor \_\_\_\_\_

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**COMPLAINT INVESTIGATION**

Complaint involves Bus # \_\_\_\_\_ Driver \_\_\_\_\_

Driver's response (if felt necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint findings and/or corrective action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigation results reported to complainant      Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_