



Today's Date (MM/DD/YYYY): ____ / ____ / ____ Time: ____ : ____ AM/PM

Fayetteville City Schools School Bus Safety Complaint

All bus safety concerns should be reported as soon as possible.

Date of incident (MM/DD/YYYY): ____ / ____ / ____ Approx. time of incident: ____ : ____ AM/PM

Complaint submitted by: _____ Phone: (____) ____ - ____

Was a student involved? Yes No

If yes, name of student: _____

School attending: Ralph Askins School Fayetteville Middle School Fayetteville High School

Bus #: _____ Bus Driver: _____

If this is a driving complaint, approximate the location of incident:

DO NOT WRITE BELOW THIS LINE

Office Use Only

Complaint taken by: _____ Date: ____ / ____ / ____

Resolution: _____

Superintendent approval: _____ Date: ____ / ____ / ____