

SOUTH EASTERN SCHOOL DISTRICT

Fawn Grove, Pennsylvania 17321

STUDENT TRANSPORTATION COMPLAINT FORM

STUDENT: _____ DATE: _____

BUS NO: _____ CONTRACTOR: _____

SCHOOL: _____

COMPLAINT: _____

STUDENT SIGNATURE

PARENT SIGNATURE

RECEIVED ON: _____ BY: _____

DATE CONTRACTOR/ NOTIFIED: _____

ACTION TAKEN BY SCHOOL DISTRICT: _____

DIRECTOR OF TRANSPORTATION SIGNATURE

ACTION TAKEN BY CONTRACTOR: _____

CONTRACTOR SIGNATURE

COPIES:

Principal

Parent

Transportation Director