



# TRANSPORTATION CONCERN FORM

TRANSPORTATION DEPARTMENT  
 315 W. GOODALE AVENUE, BATTLE CREEK, MI 49037  
 Phone: 269 965-9435 Fax: 269 965-9620

The Transportation Department would like to resolve your concern(s). Please fill out this form completely and return it to the Transportation Department or your school as soon as possible. Please note unsigned complaint forms will not be processed. Thank You!

Mark an X in the appropriate box for regarding your concern (X one box only):

|                  |  |             |  |              |  |                      |  |                       |  |
|------------------|--|-------------|--|--------------|--|----------------------|--|-----------------------|--|
| Bus Stop Request |  | Bus Conduct |  | Bus Incident |  | Bus Driver Complaint |  | Special Needs Concern |  |
|------------------|--|-------------|--|--------------|--|----------------------|--|-----------------------|--|

Today's Date : \_\_\_\_\_ Date/Time of Incident or Complaint: \_\_\_\_\_

Name: \_\_\_\_\_  
(Person making Complaint) (Relationship to Student)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ School Enrolled: \_\_\_\_\_

Bus Stop Location: \_\_\_\_\_

Bus Number: \_\_\_\_\_ Pick-Up/Drop-Off Time: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Person Submitting Concern or Request Statement must sign this form)

NATURE OF CONCERN OR REQUEST:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

