



Baldwin-Whitehall School District

Transportation Complaint Form

DATE: _____ **CALLER:** _____ **STUDENT:** _____

TIME: _____ **PHONE #:** _____ **SCHOOL:** _____

BUS #: _____ **BUS STOP:** _____ **AM (OR) PM**

INCIDENT: _____

INCIDENT REVIEWED BY: _____ **DATE:** _____ **TIME:** _____

MANAGEMENT ACTION: _____

ACTION/FOLLOW-UP COMPLETED BY: _____

DATE: _____ **TIME** _____