

NEW HAVEN PUBLIC SCHOOLS
TRANSPORTATION SERVICE COMPLAINT REPORT

Date _____

Time _____

Bus Company _____

Bus Number _____

Driver _____

School _____

Check off problem category below:

1. Suspected use of alcohol or drugs

2. Safety concerns

3. Abusive language or behavior

4. Rudeness of driver

5. Irresponsible behavior

6. Reckless driving

7. Physical handling of children

8. Missing stops

9. Early arrival:

Scheduled arrival _____

Actual arrival _____

10. Late arrival:

Scheduled arrival _____

Actual arrival _____

11. Other (describe below)

(Comments):

Complainant _____ Phone _____