



WILSON COUNTY SCHOOLS TRANSPORTATION DEPARTMENT SAFETY COMPLAINT FORM

Complainant Full Name: _____

Address (City, State, Zip): _____

Phone Number: _____ E-mail: _____

Incident Date: _____ Incident Time: _____

Bus Number/Driver Name: _____

DRIVER-RELATED SAFETY CONCERNS

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|---|---|
| ☐ I witnessed a school bus driver who appears to be noticeably ill or fatigued | ☐ I witnessed a school bus speeding |
| ☐ I witnessed a school bus driver following too closely | ☐ I witnessed a school bus turning improperly |
| ☐ I witnessed a school bus driver changing lanes or passing improperly | ☐ I witnessed a bus failing to yield the right of way |
| | ☐ I witnessed a driver using a hand-held device (i.e., mobile phone or tablet) |
| ☐ Other: _____ | |

How would you like your complaint resolved?:

How would you like to receive a response once investigation is complete?

- ☐ Mailed to Address Listed Above ☐ Phone Call to the following phone number: _____
- ☐ E-mailed to the following e-mail address: _____

Signature: _____ Date: _____

Submit completed form to:
William Hoover, Transportation Director
Email: hoovewil100@wcschools.com or Fax: 615-443-8746

For Office Use Only:	Date of Receipt: _____
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