



TRANSPORTATION DEPARTMENT

BUS DRIVER COMPLAINT FORM

A Department of Transportation supervisor will review your complaint within two business days.

Bus Number: Driver's Name:
Date Submitted: Date of Incident:
Time Submitted: Time of Incident:
School Served: Bus Stop:

Complaint Made By:

Name: Phone #1:
Address: Phone #2:
City, State, Zip: , ,

Please use the space below to provide a detailed explanation of your complaint or concern:

Please return this form to the Transportation Department by mail or email.

Tempe Union High School District #213
Transportation Department
500 W Guadalupe Rd.
Tempe, AZ 85283

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