

ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY

PARENT COMPLAINT FORM

DATE: _____

PARENT'S NAME : _____

ADRESS: _____

PHONE: _____

STUDENT'S NAME: _____

BUS NUMBER: _____

DATE AND HOUR OF THE INCIDENT: _____

DESCRIPTION OF THE INCIDENT: _____

RESOLUTION REQUESTED: _____

SIGNATURE _____

HRS-08-001