

MONROE CITY SCHOOLS TRANSPORTATION DEPARTMENT

INQUIRY/COMPLAINT FORM

Date: _____

Time: _____

Caller: _____

Phone Number: _____

Inquiry/Complaint Received by: _____

State Inquiry/Complaint: _____

Bus Number: _____

School: _____

CHOOSE ONE

Bus Operator Attendant: _____

Referred to: _____

Action Taken (**OFFICE PERSONEL ONLY**): _____

Signed: _____

Date: _____

Comments: _____