|  |  |
| --- | --- |
| C:\Users\wesleym\Desktop\MRSD logo only (2).jpgDate of Report: | Time of Report: |
| Report Taken by:  | Method of Contact *(Phone, in-person, email, etc.)* |
| **Type of Report** |
| Complaint:  | Compliment: | Incident: |
| **Person Filing Report***Should be someone directly involved or a witness* |
| Name: | Street Address: | City, State& Zip: |
| Home #:*Preferred method of Contact* | Work #:*Preferred method of Contact*  | Cell #:*Preferred method of Contact*  |
| Best Time to Call: | Email Address:*Preferred method of Contact*  |
| **What is the Report About?** |
| Driver:  | Attendant: | Routing: |
| Safety:  | Equipment: | Service: |
| Policy/Procedure:  | Location Staff: | Customer Service: |
| Charter Sales:  | Follow up: | Other:*(Please Specify)* |
| **Student Information** *(If Applicable)* |
| Student’s name: | Attending School: |
| **Description of Report*****Please provide a detailed description of events******Please include: date, time, location and bus number*** |
|  |
| C:\Users\wesleym\Desktop\MRSD logo only (2).jpg**Investigation and Follow up****(To be completed by First Student)** |
| Issue(s) identified: |
| Date of Investigation: | Investigator: |
| Due Date: | Supervisor: |
| Actions take to address the issue: |
| **Employee Information****(To be completed by First Student)** |
| Employee Name: | D.O.H: | Title: |
| Route #: | Vehicle #: | Time of Incident: |
| Date of Incident: | Location of incident: | Name of Witness present: |

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Signature Date

Please email completed form to Brenda Morris (brenda.morris@firstgroup.com)

and Keith McClung (keith.mcclung@molallariv.k12.or.us)