|  |  |  |  |
| --- | --- | --- | --- |
| 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: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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

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