

TRANSPORTATION DEPARTMENT
980 Pemart Avenue
Peekskill, NY 10566
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## **COMPLAINT FORM**

## Please Print

Student Information					
Today's Date:	Student's La	ast Name:		Student's First Nam	e:
Student's Address:					
School Name:					
Bus Route #:	Sch	eduled Bus Stop Location:			
Describe Complaint:					
Suggested Solution:					
Print Name: Parent or Guardian		Signature: Parent or Guardian		Date:	
Do Not Write Below This Line/Transportation Department Use Only					
Approved □ □			D	enied $\square$	
Transportation Resolution:					
Transportation Staff Signature:			Date:		
Title:					