

**Johnson City Schools  
TRANSPORTATION DEPARTMENT**

**Driver Safety Violation/Concern Complaint Report**

(In accordance with TN state law 49-6-2116)

To file a complaint, complete this form and submit it to Dr. Greg Wallace, Transportation Supervisor (WallaceG@jcschools.org)

**FIRST REPORTED ON:** Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_

Bus Number \_\_\_\_\_ Driver's Name \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ am/pm Location \_\_\_\_\_

Complaint Registered By: \_\_\_ school \_\_\_ parent \_\_\_ student \_\_\_ bus driver \_\_\_ other \_\_\_\_\_

Person Filing Complaint \_\_\_\_\_ Phone \_\_\_\_\_

Type of Report: \_\_\_ Phone Call \_\_\_ In Person Request follow up? \_\_\_ Y \_\_\_ N

Documentation: Tell who, what, when, where, give names, addresses, and anything that will best describe what happened:

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

Report Taken/Made By \_\_\_\_\_ Date \_\_\_\_\_

Signature

**DO NOT WRITE BELOW THIS LINE**

**WITHIN 48 HOURS OF COMPLAINT BEING FILED:**

Preliminary Report issued to Director of Schools by: \_\_\_\_\_

\_\_\_\_ Email/scan copy \_\_\_\_ Hard copy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
(request read receipt) (initial for receipt)

Investigative Findings: \_\_\_\_\_

Driver(s) involved: \_\_\_\_\_ Prior Complaints/Disciplinary Actions: Y/N (If Yes, attach)

Action Taken: \_\_\_\_\_

Call returned: \_\_\_ Yes \_\_\_ No \_\_\_ Voicemail Date call returned: \_\_\_\_\_

Response of complaint: \_\_\_\_\_

**WITHIN 60 SCHOOL DAYS OF RECEIPT OF COMPLAINT:**

Final report issued to Director of Schools by: \_\_\_\_\_

\_\_\_\_ Email/scan copy \_\_\_\_ Hard copy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
(request read receipt) (initial for receipt)

**RETURN FORM TO TRANSPORTATION DEPARTMENT**

Johnson City Schools' Transportation Department

Phone - 423-794-2360  
Fax - 423-218-0544  
100 E. Maple Street  
Johnson City, TN 37604

Transportation Supervisor signature/date: \_\_\_\_\_