



**MCINTOSH COUNTY
TRANSPORTATION DEPARTMENT
INCIDENT/COMPLAINT REPORT**

Date Information Received _____ Time _____

Information Received By _____

Driver Involved _____ Bus Number _____

Regular Driver Substitute Driver (If Substitute, Name of Regular Driver _____)

Name of Student(s) Involved _____ Grade _____

Person Making Complaint _____ Relationship to Student _____

Parent(s) Name and Address _____

_____ Phone Number _____

COMPLAINT _____

RESOLUTION _____

Signature Date

Signature Date