

MEDFORD PUBLIC SCHOOLS

Bus Complaint Form

Name of person filing complaint: _____ Date: _____

Address _____ Phone: _____

Description of incident/complaint: (Include date, time, bus#, student name, etc.)

[illegible]

- ☐ copy to Central Office (fax 781-393-2119)
- ☐ copy to school

Follow-up: (What, who, date)

[illegible]