TRANSPORTATION DEPARTMENT

1111 N. Saliman Road · P O Box 603 · Carson City, NV 89702
(775) 283-1950 (775) 283-1990 Fax
www.CarsonCitySchools.com

COMPLAINT FORM

Name of Complainant: _____
Last First MI

Address: _____
Street City State Zip

Phone Number: _____
Home Work Cell

Date/Time of Complaint: Date ___/___/___ Time ___:___ AM PM

Location of Complaint: _____

_____

CCSD Vehicle License # or School Bus #: _____

Details of Complaint: _____

_____

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_____ _____ _____
Signature of Complainant Date Time

For School District Use Only--Route To:
CCSD Responder ❑ Transportation Supervisor ❑ Safety Services Manager ❑ Operations Director ❑ Superintendent/Designee ❑ School Board ❑

Please attach all supporting materials (documents, notes, schedules, etc.)