

SCHOOL BUS DRIVER VEHICLE COMPLAINT

Direction Bus Traveling		
<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W
Direction Auto Traveling		
<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W

Occurrence	
Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

Location	
City, Village, or Township	Road, Street, or Highway
At the intersection of	
If not at intersection	
feet/miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
Was the bus completely stopped, loading or unloading? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were the flashing red lights activated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description/Alleged Offender's Vehicle		
License Number/State	Make or Model	Color
Is bus driver familiar with offending driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Occupants

Description of Driver		
sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race	Approximate Age
Hair color	Facial hair	
Glasses, if yes, description <input type="checkbox"/> Yes <input type="checkbox"/> No		

Driver Reaction	
Check any or all that apply	
<input type="checkbox"/> Driver not paying attention	<input type="checkbox"/> Driver displayed obscene gesture
<input type="checkbox"/> Driver attempted to stop	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Driver laughed	

Bus Driver Comments	
Is this the first occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Any other important information, not covered above:	

Complainant Information	
Bus Driver	School System
Witness (include address & phone number)	

NOTE TO DRIVER

Follow-up Instructions

1. This form must be as complete as possible.
2. Contact the nearest police agency as soon as possible and relay the information to them.
 - A) If the incident occurred in a city or other incorporated municipality, the police agency for that area should be contacted.
 - B) If the incident occurred in a non-incorporated area (i.e.: Township, etc.), contact the Michigan State Police.
3. A traffic citation may be issued on the facts contained in this form and the registered owner of the vehicle will be held responsible. Therefore, accurate completion is vital.

Police Agency/Follow-up	
Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Registered owner of vehicle spoken to	
R/O statement	

Is officer satisfied with answer of alleged offender?
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

AUTHORITY: 1935- PA 59 COMPLIANCE: Voluntary
