

ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY

**PARENT COMPLAINT FORM**

**DATE:** \_\_\_\_\_

**PARENT'S NAME :** \_\_\_\_\_

**ADRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

**BUS NUMBER:** \_\_\_\_\_

**DATE AND HOUR OF THE INCIDENT:** \_\_\_\_\_

**DESCRIPTION OF THE INCIDENT:** \_\_\_\_\_

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**RESOLUTION REQUESTED:** \_\_\_\_\_

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**SIGNATURE** \_\_\_\_\_

HRS-08-001