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.)*

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- ☐ faxed copy to Vocell 781-393-5558
- ☐ copy to Central Office (fax 781-393-2119)
- ☐ copy to school

Follow-up: (What, who, date) _____

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