

**Meade School District
1230 Douglas Street
Sturgis, SD 57785**

SCHOOL BUS ROUTE COMPLAINT, SUGGESTION OR CHANGE REQUEST

This form is to be used to improve safety and efficiency in the school bus operation.

Person making request: Name _____
Address _____
Telephone _____

Bus No. _____ Route No. _____ Driver _____

Date of Request _____ Time _____

Nature of Request:

Request received by _____
Date and Time _____

Request investigated by _____
Date and Time _____

Recommendation of findings:

Board action, if required:

Date and Time: _____

Copy mailed to person making request: yes no (circle one)