

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

PARENT INCIDENT/COMPLAINT FORM



This form must be filled out completely by parent/guardian within fifteen (15) school days of the date the incident occurred and submitted to the Education Transportation Department in a sealed envelope. Please address as follows:

ATTN: Transportation Manager 10005 E. Osborn Road Scottsdale, AZ 85256

or

Email a completed & signed form to the Transportation Manager: Joweitta.Cannon@srpmic-ed.org

Parent/Guardian Name INFORMATION REPORTED BY: PARENT/GUARDIAN Date of Incident: Specific Location of Incident: DESCRIPTION OF THE INCIDENT/ COMPLAINT: OTHER INFORMATION: Note: Transportation management will contact parent/guardian within the next 5-7 school days, depending on the incident reported. Student/Parent Signature Date FOR OFFICE USE ONLY: Please provide the student/parent with a copy of this report at filing. Received by: Date:	Student Name	Grade	School		
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Effective 7.21.2015 Page 1 of 1