



# ERRATIC DRIVING SCHOOL BUS REPORT

DATE OF CALL: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

PHONE NUMBER: \_\_\_\_\_

CALLER NAME: \_\_\_\_\_ ANONYMOUS

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUS NUMBER: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

DATE OF REPORTED DRIVING: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

LOCATION OF ERRATIC DRIVING: \_\_\_\_\_

DESCRIPTION OF ERRATIC DRIVING (OTHER VEHICLES/PEDESTRIANS INVOLVED): \_\_\_\_\_

CHILDREN ON BUS: YES NO CALL TAKEN BY: \_\_\_\_\_

ACTIONS TAKEN:  Investigated  Follow up letter mailed \_\_\_\_\_

Other action required: \_\_\_\_\_

\_\_\_\_\_  
*Administrator signature*

\_\_\_\_\_  
*Date*