Initial Review	Supervisor **Out** **Return**

FRESNO AREA EXPRESS

INQUIRY/COMPLAINT FORM

Supervisor	Bus Operator

Mr.
Mrs. _____ _____
Home Phone

_____ _____ _____
Street Apt No. Work Phone

_____ CA _____
City Zip Code

Incident Date: _____ Time: _____ a.m. p.m. Route / CR# _____ Bus # _____

Location: _____

Bus Driver Description: _____

Direction
NB
SB
EB
WB

INQUIRY / COMPLAINT:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Return to: ***Fresno Area Express***
Customer Relations
2223 "G" Street
Fresno, CA 93706

_____ _____
Signature of Complainant Date

Driver Response:

_____ _____

Signature of Bus Operator Date

Counseling Comments:

_____ _____

Signature of Supervisor Date

This bus operator's signature is not an admission of guilt. It is an acknowledgment that the inquire/complaint has been discussed with him/her.

Reviewed by _____on_____

Operations Manager Date

[ ] File

[ ] Personnel File