



Office of the



State Superintendent of Education

COMPLAINT/COMMENT FORM

The Office of the State Superintendent of Education Division of Transportation is eager to receive your comments on our services. Please use this form to register a complaint and/or to make comments. Thank you.

(PLEASE PRINT)

Today's Date: _____ Date of Incident: _____

Time of Incident: _____ a.m. p.m. Bus Route # _____ B.E. # _____

Your Name: _____ Student's Name: _____

Relationship to Student: _____ School: _____

Your Address: _____ Zip _____

Your Telephone: Day _____ Evening _____

Location of Incident: _____

Specifics of Incident/Comments

DIVISION OF TRANSPORTATION

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