Email: committeeonbusingcecd75@gmail.com & D75council@schools.nyc.gov Office: 718-752-7321 • Fax: 718.752-7399

## STUDENT BUSING COMPLAINT FORM

| To: CECD75 Committee on Busing and Safety: I/We request your assistance in this matter give the committee the express permission to share any and all information contained herein with any governmental agency, attorney, consultant(s), committee members or advocacy group. I understand that I may revoke this permission at any time be stating such in writing. (check one)  YES  NO | ру  |
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| NOTE: PARENTS/GUARDIANS SHOULD FIRST OBTAIN AN OPT COMPLAINT/REFERENCE NUMBER BEFORE SUBMITTING THIS FO<br>PLEASE RETURN THE COMPLETED FORM BY EMAIL OR MAIL TO THIS COUNCIL AT THE ADDRESS ABOVE.   | RIV |
| PARENT(S)/GUARDIAN'S NAME:   |     |
| TELEPHONE NUMBER AND EMAIL   |     |
| TODAYS DATE:   |     |
| CHILD NAME AND STUDENT ID NUMBER:  |     |
| OPT COMPLAINT NUMBER(S):   |     |
| STUDENT SCHOOL AND PRINCIPAL   |     |
| BUS COMPANY AND ROUTE NUMBER(S)  |     |
| SUMMARY OF COMPLAINT(S) (BE AS DETAILED AS POSSIBLE)   |     |
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|  |     |
| SIGNATURE OF PARENT(S)  DATE:  |     |

CECD75 BUSING SAFETY PARENT COMPLAINT FORM 11/17