

COUDERSPORT AREA SCHOOL DISTRICT

Bus Driver Conduct Report

Bus Driver Name:
Bus Owner:

Bus Number:

Date of Incident Time of Incident

Date Reported Time Reported

Comments Relating to Incident Being Reported (Use reverse side of page if needed):

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Please send completed report to: CASD Business Office / 698 Dwight Street / Coudersport, PA 16915
Fax: (814) 274-8751 jgleason@coudyschools.net

Date Received by Date Sent to
Business Office Bus Contractor

Date Sent to Date Sent to
Superintendent Principal

Response From Bus Contractor/Driver (Use reverse side of page if needed):

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Please note the reporting section below will NOT be forwarded to the Bus Contractor or Driver but the specifics of the incident may make it obvious who is making this report.

| | <u>Individual Reporting Incident:</u> | <u>Students Involved/Grade Level</u> |
|---------------|---------------------------------------|--------------------------------------|
| Name | <input type="text"/> | <input type="text"/> |
| Address: | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Phone Number: | <input type="text"/> | <input type="text"/> |