



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY  
**PARENT INCIDENT/COMPLAINT FORM**



This form must be filled out completely by parent/guardian within fifteen (15) school days of the date the incident occurred and submitted to the Education Transportation Department in a sealed envelope. Please address as follows:

**ATTN: Transportation Manager**  
**10005 E. Osborn Road**  
**Scottsdale, AZ 85256**

or

Email a completed & signed form to the Transportation Manager: [Joweitta.Cannon@srpmic-ed.org](mailto:Joweitta.Cannon@srpmic-ed.org)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Best Contact Number \_\_\_\_\_

**INFORMATION REPORTED BY: PARENT/GUARDIAN**

Date of Incident:	Time:
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Specific Location of Incident:

**DESCRIPTION OF THE INCIDENT/ COMPLAINT:**

**OTHER INFORMATION:**

Note: Transportation management will contact parent/guardian within the next 5-7 school days, depending on the incident reported.

Student/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY: Please provide the student/parent with a copy of this report at filing.**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_