M CT MARYLAND DEPARTMENT OF TRANSPORTATION

MOTOR VEHICLE ADMINISTRATION

School Bus Complai	nt Form				
Owner of Bus Company and/or E	3us Driver Being Reported				
Address					
Bus Number	Tag Number				
Nature of Complaint: (check	appropriate block)				
Unsafe	Improper Use	Driver	Inspection Defect	ts	
 Improperly Registered Other 	Advertising	School Bus Driver-I (explain behavior be	Report of Medical Con		
		(/		
Explain: (continue on reverse	side, if necessary)				
Have you Contacted the Owner?	If so, who did you contact?	?			
Have you contacted any Federal, State, or Local Agencies? If so, who did you contact?					
Complainant's Name (please prir	nt)				
Street Address		City	State	Zip Code	
Home Phone Number	Iome Phone Number Cell Phone Number				
Mail to Matar Vahiala Admin	vistration School Vahiola	Safaty Santian			
Mail to: Motor Vehicle Administration, School Vehicle Safety Section, 6601 Ritchie Highway N.E., Glen Burnie, Maryland 21062					
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Telephone Number: (410) 768-7401 or Email to: schoolbus@mdot.state.md.us					
Complaint received by:		Title			

6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062 For more information visit our website at **www.mva.maryland.gov**, call **410-768-7000** or TTY for the hearing impaired: **1-800-492-4575**.

Use the space below to further explain your complaint.				

