



SANILAC COUNTY SHERIFF'S OFFICE

65 N. Elk Street Sandusky, Michigan 48471 Office: (810) 648-2000

Form Version: 06.2021

BUS DRIVER VEHICLE COMPLAINT FORM

Date: _____ Complaint #: _____ File Class: Traffic

BUS DRIVER/COMPLAINANT INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____ Phone #: _____ Bus #: _____

School System: _____

School Address: _____

DATE, TIME AND LOCATION OF INCIDENT

Occurred Date & Time: _____

Location / Cross Street: _____

Township: _____ County: Sanilac

BUS ACTION:

Completely Stopped	Loading				Unloading				Red Lights Activated: Yes No		
Direction of Travel	Bus: N S E W	Suspect Vehicle: N S E W									
Weather	Clear	Cloudy	Rain	Fog	Snow	Other:					
Road Surface	Dry	Wet	Icy	Snow	Other:						

ALLEGED OFFENDER VEHICLE DESCRIPTION:

License # / State: _____ Make / Model: _____

Color: _____ # of Occupants: _____ Complainant Familiar w/ Vehicle: Yes No

Any Other Vehicle Characteristics (body damage, tinted windows, etc.): _____

SUSPECT DRIVER DESCRIPTION:

Name (If known): _____ Approx Age: _____

Sex: _____ Race: _____ Hair Color: _____ Facial Hair: _____ Glasses: _____

Other Identifiers: _____

ADDITIONAL INFORMATION/WITNESSES:

PLEASE FAX THIS COMPLETED FORM TO CENTRAL DISPATCH AT: (810) 648-3170