

**Exhibit - 3541. 5 (E)**

MERIDEN BOARD OF EDUCATION

Transportation Safety Complaint Form

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Bus Number \_\_\_\_\_ Route \_\_\_\_\_

Name of Driver (if known) \_\_\_\_\_

Location:  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses (other than writer):  
\_\_\_\_\_  
\_\_\_\_\_

In the space below, please describe your complaint:

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**EE1.4**

**6/7/16**