

**COMPLAINT REGARDING SCHOOL TRANSPORT ASSISTANCE**

Please complete this form if you feel the service you have received has not met your expectations.




**Student's Family Name** \_\_\_\_\_ **Student's Given Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **School Attended** \_\_\_\_\_

**Complaint relates to:**

- Bus/Taxi Operator (name of operator) \_\_\_\_\_
- Conveyance allowance \_\_\_\_\_
- Multi Serve \_\_\_\_\_
- Other (please detail) \_\_\_\_\_

**How would you like us to get back to you?**

- Email  \_\_\_\_\_
- Phone  \_\_\_\_\_
- Post  \_\_\_\_\_

Details of complaint:

Please feel free to attach any additional documentation or maps.  
Please continue on separate sheet(s) if necessary.

**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_

Please send to: Transport Management Services, Multi Serve Education Trust, Private Bag 92-617, Symonds Street, Auckland  
or email to [csuares@multiserve.co.nz](mailto:csuares@multiserve.co.nz)

**Office Use Only:**

Date form received:	/ /	Reviewed by:	
QC'd by:			
Caregiver advised	/ /	Filed	