

**WARREN COUNTY**  
**REPORT OF CONCERNS REGARDING COUNTY VEHICLES**  
*This section to be completed by the employee that used the vehicle.*

Department: \_\_\_\_\_

Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_

County No. \_\_\_\_\_

Date Vehicle Used: \_\_\_\_\_

Detail of Concern(s): \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Employee should provide this form to their Supervisor/Department Head who will immediately forward (via hard copy, fax or email) this form to the Fleet Manager and to the Warren County Vehicle Maintenance Shop in Warrensburg.*

*This section to be completed by the Fleet Manager:*

**REVIEW OF CONCERNS AND ACTION TAKEN**

Conclusion of Review of Concern(s) and Action Taken: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Upon resolution the Fleet Manager will distribute (via hard copy, fax OR email):*

*Copy to Department Head, Copy Vehicle Maintenance Shop, Original to remain with Fleet Manager.*