**CASCO BAY ISLAND TRANSIT DISTRICT**

**P.O. BOX 4656 • PORTLAND, MAINE 04112 (207) 774-7871 FAX 774-7875**

# Report of Incident or Complaint

***(circle one)***

***Use this form to report the details of any incident or complaint involving passengers, customers or employees or to report any incident involving damage to property occurring on or to CBITD property. Employees are responsible for the proper and timely filing of this form to the Operations Manager. <u>This form is not to be utilized for reporting any injury!</u>***

**Date of Incident/Complaint:**_____

**Time of Incident/Complaint:**_____

**Location *( Vessel, Terminal)*:**_____

**Name, Address and Telephone number(s) of Witness(es) or Complainant:**

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**Brief Description of Incident/Complaint *(use other side as necessary)*:**

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**Reported by:**_____ **Date:**_____

**Reviewed by:**_____ **Date:**_____

**Rev 4/2010**