

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. This form is not to be utilized for reporting injuries!

Name: _____

Date of Incident/Complaint: _____

Time of Incident/Complaint: _____

Location (*Vessel, Terminal*): _____

Name, Address and Telephone numbers of Witnesses, if any:

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

Reported by: _____ Date: _____

Reviewed by: _____ Date: _____

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Serving the Islands of: _____

PEAKS • LITTLE and GREAT DIAMOND • LONG • GREAT CHEBEAGUE and CLIFF