

INCIDENT/COMPLAINT REPORT FORM

Person Reporting _____

Date _____

Driver _____

Vehicle _____

Time of Incident _____ AM / PM

Persons involved _____

Witnesses _____

Indicate below the details of the incident or complaint including location, traffic, and weather, cause of the incident, procedures followed and any injuries.

This form can be requested in large print or Spanish by calling: (828) 586-0233, TTY 711 or 1-800-735-2962, or emailing jctransit@jacksonnc.org. Please send the completed forms to: Jackson County Transit, Attn: April Alm, Director, 1148 Haywood Road Sylva, NC 28779 or electronic versions of the completed form.