

Capital Transit Service Complaint Form

Date of Incident: _____ Location: _____

Time of Day: _____ AM ___ PM ___

Claimant's Name _____

Address _____

Telephone #: _____

Type of Incident: ___ Bodily Injury ___ Property Damage ___ Other (Explain)

Details of Incident:

Result:

Name of Operator (Employee) _____

Bus #: _____

Recommendation for Corrective Action:

Mail to: Transit Supervisor or e-mail: SLarson@helenamt.gov
1415 North Montana
Helena, Montana 56601