



# Cape Cod Regional Transit Authority

## Americans with Disabilities Act Complaint Form

COMPLAINANT CONTACT INFORMATION		
Name and Address		Phone
INCIDENT INFORMATION		
Date and Time of Incident	Steamship Authority Location(Terminal, Vessel, Bus)	
Location of incident		
Description of Incident		
Result of Incident		
WITNESSES		
Witness #1 Name and Address	Work Phone	Home Phone
Witness #2 Name and Address	Work Phone	Home Phone

Signed \_\_\_\_\_

Date \_\_\_\_\_