



CAPE COD REGIONAL TRANSIT AUTHORITY

# Cape Cod Regional Transit Authority

## Americans with Disabilities Act Complaint Form

<b>COMPLAINANT CONTACT INFORMATION</b>		
<b>Name and Address</b>		<b>Phone</b>
<b>INCIDENT INFORMATION</b>		
<b>Location of incident</b>		
<b>Date and Time of Incident</b>	<b>Street Location of Incident</b>	
<b>Description of Incident</b>		
<b>Result of Incident</b>		
<b>WITNESSES</b>		
<b>Witness #1 Name and Address</b>	<b>Work Phone</b>	<b>Home Phone</b>
<b>Witness #2 Name and Address</b>	<b>Work Phone</b>	<b>Home Phone</b>

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date