



5. Please provide any additional information that might be helpful in the investigation efforts of this complaint.

Multiple horizontal lines for providing additional information.

6. Signature: _____ Date: _____

Mail completed form to:

Cape Fear Public Transportation Authority
Attn: Complaint Department
P.O. Box 12630
Wilmington, NC 28405

Email completed form to:

wavetransit@wavetransit.com

Fax completed form to:

(910) 343-8317
Attn: Complaint Department

For Agency Use Only:

Date complaint was received _____

Date complaint was investigated _____

Results of investigation (attach supporting documentation or photographs) _____

Three horizontal lines for providing investigation results.

Date Complainant Contacted _____

Method of Contact: [] Phone [] Letter [] Personal Visit