



Americans with Disabilities (ADA) Complaint Form

1. Honorific/Title: _____

Name _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Preferred Time for Calls: _____

Email Address: _____

2. Please provide a complete description of specific issue(s) which you believe were discriminatory in nature. Please use additional pages as necessary and provide supporting documentation if applicable.

3. Please confirm the location(s) in which the incident(s) occurred.

4. Please provide a date and time in which the incident(s) occurred.



Cape Fear Public Transportation Authority

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

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) _____

Date Complainant Contacted _____

Method of Contact: ☐ Phone ☐ Letter ☐ Personal Visit