



## Americans with Disabilities (ADA) Complaint Form

The Cape Fear Public Transportation Authority strives to maintain the highest compliance with the Americans with Disabilities Act of 1990. Requests and complaints are processed within 21 days of receipt.

Staff will promptly confirm receipt of requests and complaints. If you have submitted a request or complaint and have not heard from staff, we kindly ask that you contact the ADA Coordinator again, as your communication may not have been received. Instructions for complaint submission and staff contact information are available at the end of this form.

Honorific/Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Preferred Time for Calls: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

*If you are submitting this form on behalf of someone else, please put their information above and your information below. If submitting on your own behalf, move to the next section.*

Honorific/Title & Full Name: \_\_\_\_\_

Contact information, if different from above: \_\_\_\_\_

Is the complainant a minor?  Yes  No Relationship to Complainant: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please continue to the next page*

*Continued: Please provide a complete description of specific issue(s) which you believe were discriminatory in nature.*

---



---



---



---



---



---



---



---



---



---

Please confirm the location(s) in which the incident(s) occurred:

---



---



---

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

---



---



---

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

---



---



---



---



---



---



---



---



---



---

*Please continue to the next page*



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

---

---

---

---

---

---

---

---

Signature:

---

Printed Name:

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

Document Retention Policy

Detailed accounts of ADA complaints, investigations, and outcomes are retained for one year following the resolution or closure of the investigation. After one year, a summary of the complaint and its outcome are retained for an additional five years. The Cape Fear Public Transportation Authority abides by applicable public records statutes.

---

**For Agency Use Only:**

Date complaint was received:

---

Date investigation of complaint began:

---

Results of investigation (attach supporting documentation or photographs):

---

Date Complainant Contacted:

---

Method of Contact:  Phone  Letter  Personal Visit