



Woods Hole, Martha's Vineyard
and Nantucket Steamship 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, Parking Lot, 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

Data