



Government of the Virgin Islands  
of The United States  
Department of Public Works  
Division of Transportation  
**GENERAL COMPLAINT / ADA COMPLAINT FORM**

**Section 1: Passenger Information:**

Name of Complainant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone Number (with area code): \_\_\_\_\_  
 Preferred Contact Method (select one): \_\_\_ Phone \_\_\_ E-Mail \_\_\_ US Mail \_\_\_ Accessible Format  
 Requirements: \_\_\_ Large Print \_\_\_ TDD \_\_\_ Audio \_\_\_ Other: \_\_\_\_\_

**Section II:**

Is this an ADA complaint for discrimination based on a disability? \_\_\_ Yes \_\_\_ No  
 Are you filing this complaint on your own behalf? \_\_\_ Yes \_\_\_ No If not, please provide the name of and  
 your relationship to the person for whom you are filing this complaint:  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Section III: Incident Information**

Date of alleged Incident occurred: \_\_\_\_\_ Time of day: \_\_\_\_\_  
 Explain as clearly as possible what happened. Describe all persons involved. Include names and contact  
 information of the person(s) who discriminated against you (if known) as well as the names and contact  
 information of any witnesses. If more space is needed, please attach additional sheets.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section IV: Administration**

Have you filed a complaint with any other Federal, State, or local agency? \_\_\_ Yes \_\_\_ No If yes, please  
 specify the name of the agency or court where you have filed this complaint. Name of agency or court:  
 \_\_\_\_\_ Please provide information about a contact person at the agency/court where the  
 complaint was filed. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Tel.# \_\_\_\_\_  
 Note: You may attach any written materials or additional information you feel is relevant to your  
 complaint. \_\_\_\_\_  
 \_\_\_\_\_

Please mail this completed ADA Complaint Form to the ADA Coordinator at the following address:  
 Department of Public Works, Heather Stephenson-Proctor, Territorial ADA Coordinator, Division of  
 Transportation, 6002 Estate Anna's Hope, Christiansted, St. Croix, VI 00820-4428