Cranberry Isles Commuter Ferry Complaint Form

ADA Complaint ☐ **Title VI Complaint** ☐ **Other Complaint** ☐

Please identify any A.D.A., Title VI complaint if you feel any of your rights have been violated:

(Check all that apply)

☐ Race ☐ Color ☐ Sex ☐ National Origin ☐ Age ☐ Religion ☐ Limited English Proficiency ☐ Other

Name:_____ Date: _____

Mailing Address: _____

_____

Home or Cell Phone: _____

1. Date(s) or happenings related to this complaint: _____

_____

2. Persons on our staff that you dealt with: _____

_____

3. Describe what happened (continue on the back of this form or attach additional Sheets if needed):

4. Name(s) of witnesses or those who have knowledge of your reason for this complaint:

_____

I, the undersigned, give the Cranberry Isles Select Board permission to review and investigate the above information relevant to this complaint. I swear that the above statement(s) are true and correct to the best of my knowledge and information.

Signature:_____ Date:_____

You may submit this form to the Town Office at 61 Main Street, Islesford, or mail, phone, or email to the Town of Cranberry Isles, PO Box 56, Islesford, ME 04646/(207) 244-4475/james@cranberryisles-me.gov