



Virgin Islands Port Authority

Gateways to the USVI's Economy

VIRGIN ISLANDS PORT AUTHORITY AMERICAN DISABILITIES ACT COMPLAINT FORM

Name of Complainant: _____ Sex: _____ Race /Ethnic Group: _____

Mailing Address: _____

City: _____ Zip: _____

Home Telephone: _____	Cell Phone: _____	Work Telephone: _____
Email Address: _____	Accessible Format	
	<input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD	
	Preferred:	<input type="checkbox"/> Other

SECTION II

Is this an ADA complaint for discrimination based on a disability? Yes No

Are you filling this complaint on your own behalf? Yes No [If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are filing this complaint:

Name: _____

Relationship: _____

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on: Yes No

SECTION III: Incident Information

Date of Alleged Incident: _____ 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.



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SECTION IV: Administration

Did you file this complaint with another Federal or local agency; or with a Federal or local court? Yes No

If answer is yes, check each agency complaint was filed:

Federal Agency Federal Court Local Court Local Agency

Date filed

Please provide contact person information for the agency or court where the complaint was filed:

Name:

Telephone:

Address:

City:

Zip:

Please sign and date this complaint form below. Attach any supporting document(s) you think is relevant to your complaint.

Signature: _____

Date:

This form can be submitted in person, mail, or email
to:

Daphne Durand Mayers
Legal & Programs Management Officer
8074 Lindbergh Bay
St. Thomas, VI 00802
Phone: 340.714.6402
Email: dmayers@viport.com