



RTA ADA Complaint Form

Have you filed this complaint with any other Federal, State, or Local Agency, or with any Federal or State Court? ___ Yes ___ No
If yes, please specify the name of the agency or court where you have filed this complaint.
Name of agency of court: _____
Please provide information about a contact person at the agency/court where complaint was filed.
Name:
Title:
Agency:
Address:
Phone Number:

Note: You may attach any written materials or additional information you feel is relevant to your complaint.

Please return this completed form to:

Deputy Director/Chief Financial Officer
San Luis Obispo Regional Transit Authority
253 Elks Lane
San Luis Obispo, California 93401
Phone: (805) 541-2228 x4397
Fax: (805) 781-1291
tarnold@slorta.org (Title VI Coordinator)