



RTA ADA Complaint Form

Instructions: Please complete form. Fields marked with an (*) are required.

*Name:
*Address
E-Mail Address
*Telephone Number (with area code)
Preferred Contact Method (select one): ___ Phone ___ E-Mail ___ US Mail
Accessible Format Requirements: ___ Phone ___ TDD ___ Audio
Other: _____
*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 the complaint:

Name: _____ Relationship: _____

*Date of alleged occurrence:
*Time of day

<p>*Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person who discriminated against you (if known) as well as any witnesses. If more space is needed please attach additional sheets.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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:

Chief Financial Officer & Director of Administration
San Luis Obispo Regional Transit Authority
253 Elks Lane
San Luis Obispo, California 93401
Phone: (805) 781-4397
Fax: (805) 781-1291
tarnold@slorta.org (Title VI Coordinator)