

GOLDEN CERSCENT REGIONAL PLANNING COMMISSION
TRANSPORTATION DEPARTMENT: VICTORIA TRANSIT
ADA COMPLAINT FORM



The American’s with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with GCRPC for alleged violations of ADA. If you need assistance completing this form or if needed in a different language, please contact us by phone at 361-578-8775 or 1-877-538-6819.

Date/Time Complaint Received:		Received By:	
Complainant’s Name:			
Address:			
City:		State:	Zip Code:
Phone Number:		Email Address:	
Person (s) discriminated against (if other than complainant)			
Name:			
Address:			
City:		State:	Zip Code:
Phone Number:		Email Address:	
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> Other: _____			
Date & Time of Alleged Discrimination:			
In detail, explain as clearly as possible what happened, location of the alleged discrimination and why you believe you were discriminated against. If possible, please provide name and contact information for all parties involved in your description, including witnesses. Please attach any additional, relevant information to this complaint.			

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May we contact you if we need more details or information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the best way to reach you? (Choose One): <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
If a phone call is preferred, what is the day and time to reach you?	
How can your issue(s) be resolved to your satisfaction?	
Is this the first time you have filed an ADA complaint with GCRPC (Victoria Transit)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed a complaint with any other Federal, State or Local Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list agency/agencies and contact information below	
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

I verify that all statements are true and correct to the best of my knowledge.

Complainant Signature Date

If completed by someone other than the complainant:

Name Relationship Phone Number

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The laws enforced by this agency prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form please contact:

Golden Crescent Regional Planning Commission
Transportation Department: Victoria Transit
1908 N. Laurent St. Suite #115
Victoria, Texas 77901
Attn: Destany Franklin, Dispatch Supervisor
destanyf@gcrpc.org
Phone: (361) 578-8775 or 1-877-538-6819
Fax: (361) 580-3206

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FOLLOW UP

[Lined area for follow-up notes]

Supervisor Date

COMPLAINT/CONCERN RESOLVED: YES () NO () N/A ()

If no or not applicable please explain:

Supervisor Date

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