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.

<table>
<thead>
<tr>
<th>Date/Time Complaint Received:</th>
<th>Received By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complainant’s Name:</td>
<td></td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
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<td>State:</td>
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<tr>
<td>Zip Code:</td>
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<td>Phone Number:</td>
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<tr>
<td>Email Address:</td>
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<tr>
<td>Person (s) discriminated against (if other than complainant)</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
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<td>City:</td>
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<td>Email Address:</td>
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<tr>
<td>Accessible Format Requirements?</td>
<td>□ Large Print</td>
</tr>
</tbody>
</table>

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
May we contact you if we need more details or information?  ☐ Yes  ☐ No

What is the best way to reach you? (Choose One):  ☐ Phone  ☐ Email  ☐ 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?

____________________________________________________________________________
Complainant Signature                                                                                 Date
____________________________________________________________________________
If completed by someone other than the complainant:

Name                                              Relationship                                              Phone Number
____________________________________________________________________________
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.

FOR OFFICE USE ONLY
Date/Time Complaint Received:                       Received By:
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
FOR OFFICE USE ONLY

FOLLOW UP

__________________________________________
Supervisor                           Date

COMPLAINT/CONCERN RESOLVED:  YES (   )  NO (   )  N/A (   )
If no or not applicable please explain:
_________________________________________________________________
_________________________________________________________________

_________________________________________________
Supervisor                              Date

FOR OFFICE USE ONLY
Date/Time Complaint Received:           Received By: