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 be 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:					Zip Code:
Phone Number:	Email Address:				
Person (s) discriminated against (if other	than	comp	lainant)		
Name:					
Address:					
City:	State: Zip Code:				
Phone Number:	Ema	nil Ad	dress:		
Accessible Format Requirements?		arge	Print	□ Other:_	
Date & Time of Alleged Discrimination:					
In detail, explain as clearly as possible wl you believe you were discriminated again for all parties involved in your descriptio information to this complaint.	nst. If	possi	ble, please	e provide nam	e and contact information
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May we contact you if we need more details or in	formation?	□ 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?				
Is this the first time you have filed an ADA comp	laint with CCDDC	Viotorio Tro	nsit)? 🗆 Vos 🗖 No	
•				
Have you filed a complaint with any other Federa		Agencies? [∃Yes □ No	
If so, list agency/agencies and contact information				
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.

Relationship

Comp	lainant	Signature
Comp	lamant	Signature

Name

Date

Phone Number

If completed by someone other than the complainant:

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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 #600B Victoria, Texas 77901 Attn: Destany Franklin, Transportation Program Specialist <u>destanyf@gcrpc.org</u> Phone: (361) 578-1587 or 1-877-538-6819 Fax: (361) 580-3206

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FOLLOW UP

	Supervisor	Date			
COMPLAINT/CONCERN RESOLVED: YES() NO() N/A() If no or not applicable, please explain:					
	Supervisor	Date			
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Date/	Time Complaint Received	1:		Received By:	