



CORPUS CHRISTI REGIONAL
TRANSPORTATION AUTHORITY

Date Appeal Received	Complaint Number
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Corpus Christi Regional Transportation Authority

ADA Appeal Form

Appeals of a final decision must be filed within ten (10) business days after receipt of a final decision letter.

I. APPELLANT INFORMATION

Name	
Address	
City – State – Zip	
Telephone	Email Address
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other	

II. PRIMARY/THIRD PARTY INFORMATION

<p>Are you filing this appeal on your own behalf?</p> <p><input type="checkbox"/> YES → If you answered “YES” to the question, go to Section III.</p> <p><input type="checkbox"/> NO → If you answered “NO” to the question, answer the following questions:</p>
<p>a. Please supply the name and relationship to the person for whom you are appealing?</p>
<p>b. Please confirm that you have obtained the permission of the aggrieved party to file this appeal on their behalf. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

III. APPEAL REASONS

<p>I believe the Final Decision rendered in this matter should be reviewed because:</p> <p><input type="checkbox"/> Please explain below.</p>

IV. COMPLAINT FILING CONTACTS

<p>Have you filed this complaint with any other federal, state or local agency or with any federal or state court? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court</p> <p>Please provide information for a contact person at the agency/court where the complaint was filed.</p>
Name:
Title:
Agency:
City – State – Zip Code
Telephone:

You may attach any written materials or other information that you think is relevant to your appeal.

Complainant’s Signature

Date

Please submit this form in person at the address below or mail this form to:

Corpus Christi Regional Transportation Authority
ATTENTION: CCRTA Chief Executive Officer
602 N. Staples Street
Corpus Christi, TX 78401

OFFICE USE ONLY

Jurisdiction: on or before 90 days post event	_____
Closure:	_____
<input type="checkbox"/> 1 – Closure Letter	_____
<input type="checkbox"/> 2 – Letter of Finding	_____
<input type="checkbox"/> 3 – Administrative (FC)	_____
<input type="checkbox"/> 4 – Administrative (CW)	_____
Appeal: 10 days post date of Closure Letter or Letter of Finding	_____