CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Corpus Christi Regional Transportation Authority
Title VI 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? ☐ Large Print ☐ TDD ☐ Audio Tape ☐ Other

II. PRIMARY/THIRD PARTY INFORMATION

Are you filing this complaint on your own behalf?

☐ YES ⟶ If you answered "YES" to the question, go to Section III.

☐ NO ⟶ If you answered "NO" to the question, answer the following questions:

a. Please supply the name and relationship of the person for whom you are appealing?

b. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. ☐ YES ☐ NO

III. APPEAL REASONS

I believe the Final Decision rendered in this matter should be reviewed because:
☐ Please explain below.

IV. COMPLAINT FILING CONTACTS

Have you filed this Complaint with any other federal, state or local agency or with any federal or state court:
☐ YES   ☐ NO
If YES, check all that apply:
☐ Federal Agency ☐ State Agency ☐ Local Agency
☐ Federal Court ☐ State Court
Please provide information for a contact person at the agency/court where the complaint was filed.
Names:
Title:
Agency:
City / State / Zip
Telephone:

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

_____
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: TITLE VI COMPLAINTS
602 N. Staples Street
Corpus Christi, TX 78401

OFFICE USE ONLY