

**Regional Transportation Authority
ADA Public Grievance Form**

Grievant Personal Information

Name:	Phone Numbers Work: Home:	Name(s) of Witness(s):	Witness(s): Phone Numbers Work: Home:
Home Mailing Address (street no., city, ZIP Code):			

Grievance

Date of event or incident:

Describe clearly your grievance (attach additional pages if necessary):

Resolution of Grievance

State the remedy that you seek:

Certification

I certify that the above information is true and correct.

Grievant Signature _____ Date _____ RTA Recipient _____ Date _____

The Grievance Form should be completed, signed, and submitted to the RTA "Lamont Taylor" 5658 Bear Lane CC TX 78405