



CORPUS CHRISTI REGIONAL  
TRANSPORTATION AUTHORITY

Date Complaint Received	Complaint Number
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## Corpus Christi Regional Transportation Authority ADA Complaint Form

The Americans with Disabilities Act of 1990 (ADA), provides that no individual with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any CCRTA ADA Program, service or activity.

If you have a complaint under the ADA, complete this form and submit it to CCRTA Compliance Officer 602 N. Staples Street, Corpus Christi, TX 78401.

### I. COMPLAINANT 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 complaining?
b. Please explain why you have filed for a third party?
c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. [ ] YES [ ] NO

### III. COMPLAINT BASIS

Date of Alleged Discrimination (Month, Day, Year)
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back side of this form or a separate sheet of paper.

### IV. COMPLAINT FILING CONTACTS

Have you previously filed an ADA complaint with CCRTA? <input type="checkbox"/> YES <input type="checkbox"/> NO
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
Please provide information for a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
City – State – Zip Code
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: ADA Compliance Officer  
602 N. Staples Street  
Corpus Christi, TX 78401

**OFFICE USE ONLY**

Jurisdiction: on or before 180 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 receipt date of Closure Letter or Letter of Finding	_____