



# Regional Transportation District ADA Appeal Form

---

**Your Contact Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt.# or Suite #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number (preferred): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Is this your first time submitting an appeal about this incident or this denial of your advance request for reasonable modification?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If No, where was your appeal filed previously?**

\_\_\_\_\_  
\_\_\_\_\_

**Please describe the original complaint or advance request for reasonable modification:**

\_\_\_\_\_  
\_\_\_\_\_



---

---

---

---

---

**Please describe what the proposed Department or Agency resolution is and why it is not a satisfactory resolution to the discriminatory incident or the advance request for reasonable modification. (Please attach a copy of the response to the original complaint or advance request for reasonable modification):**

---

---

---

---

---

---

---

---

---

---

**Please provide the date and time that the discriminatory incident occurred or the date the advance request for reasonable modification was initially submitted:**

---

**Please provide the date of receipt of the initial decision/response:**

---