

Regional Transportation District (RTD) 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?

Yes _____ No _____

If No, when was your appeal filed previously?

Please describe the original complaint:



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

Please provide the date and time that the discriminatory incident occurred:

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