



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, where 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: