

# TRINITY METRO ADA APPEAL FORM

Appeals of a final decision must be filed within 10 business days after receipt of a final decision letter. To make an appeal, complete this form and submit it to:

ATTN: Vice President/COO of Bus and Paratransit  
Trinity Metro  
801 Cherry St., Suite 850  
Fort Worth, TX 76102

You may also email the completed form to [compliance@ridetm.org](mailto:compliance@ridetm.org).

## A. APPELLANT INFORMATION

NAME \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

ACCESSIBLE FORMAT REQUIREMENTS (IF APPLICABLE)

LARGE PRINT

TDD

AUDIO TAPE

OTHER: \_\_\_\_\_

## B. PRIMARY/THIRD PARTY INFORMATION

IF YOU ARE FILING THIS APPEAL ON YOUR OWN BEHALF, CONTINUE TO SECTION C.

NAME \_\_\_\_\_

RELATIONSHIP TO APPELLANT \_\_\_\_\_

PLEASE PROVIDE A BRIEF EXPLANATION FOR FILING ON BEHALF OF APPELLANT:

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

HAVE YOU OBTAINED PERMISSION FROM THE AGGRIEVED PARTY TO FILE ON BEHALF OF THEM?  YES  NO



# TRINITY METRO ADA COMPLAINT FORM

## C. APPEAL REASONS

I believe the Final Decision rendered in this matter should be reviewed because:

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## D. COMPLAINT FILING CONTACTS

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY OR COURT?  YES  NO

IF YES, CHECK ALL THAT APPLY:  LOCAL AGENCY  STATE AGENCY  FEDERAL AGENCY  STATE COURT  FEDERAL COURT

NAME OF AGENCY/COURT CONTACT \_\_\_\_\_ TITLE/ROLE OF AGENCY/COURT CONTACT \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ NAME OF COURT/AGENCY \_\_\_\_\_

MAILING ADDRESS (IF UNKNOWN, LEAVE BLANK) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YOU MAY ATTACH ANY WRITTEN MATERIALS OR OTHER INFORMATION YOU THINK IS RELEVANT TO YOUR APPEAL

APPELLANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



TRINITY METRO  
**ADA APPEAL FORM**

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PLEASE EMAIL THE COMPLETED FORM TO:  
**COMPLIANCE@RIDETM.ORG**

OR MAIL TO:  
**ATTN: VICE PRESIDENT/COO OF BUS AND PARATRANSIT  
TRINITY METRO  
801 CHERRY ST., STE 850  
FORT WORTH, TX 76102**

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**OFFICE USE ONLY**

**JURISDICTION:**  
ON OR BEFORE 90 DAYS POST EVENT

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**APPEAL:**  
10 DAYS POST RECEIPT DATE OF CLOSURE LETTER OR  
LETTER OF FINDING

\_\_\_\_\_

**CLOSURE:**

1 – CLOSURE LETTER

2 – LETTER OF FINDING

3 – ADMINISTRATIVE (FC)

4 – ADMINISTRATIVE (CW)

