#### 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 Grove St.**

**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

ACCESSIBLE FORMAT REQUIREMENTS *(IF APPLICABLE)*

*CITY STATE*

*ZIP CODE*

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



801 Grove Street | Fort Worth, Texas 76102 | 817.215.8700 | RIDE**TRINITYMETRO**.org

**JANUARY 2023**

# ADA APPEAL

## C. APPEAL REASONS

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

**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



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**JANUARY 2023** 619-140\_E.Inf.Di\_20

PLEASE EMAIL THE COMPLETED FORM TO:

[**COMPLIANCE@RIDETM.ORG**](mailto:COMPLIANCE@RIDETM.ORG)

OR MAIL TO:

**ATTN: VICE PRESIDENT/COO OF BUS AND PARATRANSIT TRINITY METRO**

**801 GROVE ST.**

**FORT WORTH, TX 76102**

**OFFICE USE ONLY**

### JURISDICTION:

ON OR BEFORE 90 DAYS POST EVENT

### CLOSURE:

#### 1 – CLOSURE LETTER

**APPEAL:**

10 DAYS POST RECEIPT DATE OF CLOSURE LETTER OR LETTER OF FINDING

#### 2 – LETTER OF FINDING

1. – ADMINISTRATIVE (FC)
2. – ADMINISTRATIVE (CW)



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