



Witness(es):

YES       NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: (    )

(2) Name:

Phone Number: (    )

(3) Name:

Phone Number: (    )

(4) Name:

Phone Number: (    )

Complaint filed with Federal, State, or Local agency; or Federal or State court?

YES

NO

If YES, check all that apply:

Local Agency

State Agency

Federal Agency

State Court

Federal Court

Contact Information for Court/Agency of Complaint filed:

Agency:

Contact Name:

Phone Number: (    )

Address:

City:

State:

Zip Code:

## AFFIRMATION

*By signing below, you agree that (1) you have read, understood and accepted the terms and procedures for tracking and investigating ADA complaints and (2) you affirm that the information above is true to the best of your knowledge.*

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Signature

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Printed Name

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Date

Send this completed form along with any written materials or other information that you think is relevant to your complaint to:

**ROARING FORK TRANSPORTATION AUTHORITY**

Nicole Schoon, Regulatory Compliance Officer

2307 Wulfsohn Road

Glenwood Springs, CO 81601

[titleVI@rfta.com](mailto:titleVI@rfta.com)

### INTERNAL USE ONLY

*To be completed by Regulatory Compliance Officer*

Accepted for formal Investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred to another department on \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Rejection:

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Nicole R. Schoon, Regulatory Compliance Officer

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Date