

River Parishes Transit Authority (RPTA)
Americans with Disabilities Act (ADA)
Complaint Form

Please fill out completely.

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Best time to call: _____

Email Address: _____

Mobility aid used (if any): _____

Date and Time of Incident: _____

Location of Incident: _____

Vehicle ID Number: _____

Name(s) of agency's employee(s) and/or contractors: _____

Description of what transpired: _____

Other documentation you can provide such as photographs, video, etc? Please explain (if applicable): _____
