

City of Galt Department of Public Works 495 Industrial Drive Galt, Ca. 95632



SCT/LINK TRANSIT SUSPENSION APPEAL PROCESS

The City of Galt has set up an administrative appeal process for individuals who receive a transit suspension of more than 14 days who wish to appeal the suspension duration.

THE ADMINISTRATIVE APPEAL PROCESS INCLUDES TWO LEVELS OF APPEAL:

- 1. An Administrative Review, and
- 2. An Administrative Appeal Hearing

The City of Galt Public Works Director is the first step in the appeal process. Transit passengers may appeal the Public Works Director's decision to the City Manager if they do not agree with the Public Works Director's determination.

To request an Administrative Review, or Administrative Appeal Hearing mail, email or deliver a completed Transit Suspension Appeal Form and supporting documentation to:

City of Galt
Public Works Director
495 Industrial Drive
Galt, CA 95632
Fax: (209) 745-0811

Email: publicworks@ci.galt.ca.us

A Transit Suspension Appeal Form may be obtained on the City's Website under the Public Works Department - Transit Services link:

http://www.ci.galt.ca.us

See reverse side for information regarding filing a Transit Suspension Appeal.

TRANSIT SUSPENSION APPEAL PROCESS

STEP 1

The first level of the administrative appeal process is an Administrative Review by the Public Works Director.

Requesting an administrative review:

This form must be submitted to the Public Works Director within five working days of the transit passenger receiving a suspension notification more than 14 days in duration.

Please keep a copy of all information submitted. Documentation submitted to the City will not be returned.

Incomplete information, illegible forms, or failure to contest the suspension within the required time period may be grounds for rejection of the appeal.

The findings of the Administrative Review will be mailed to the transit passenger (or representative) and SCT/Link Transit Supervisor within five business days of receipt of the Appeal of Transit Suspension Form.

STEP 2

The second level of the appeal process is an Administrative Hearing by the City Manager.

Administrative Appeal Hearing by City Manager:

A transit passenger (or representative) who wishes to appeal the Public Works Director's decision may request an Administrative Appeal Hearing with the City Manager. An appeal request shall be submitted in writing within five business days of receiving notification of the outcome of the Administrative Review. The appeal request should include previously submitted documentation that was presented during the Administrative Review process, along with any additional information that may be pertinent.

The manner of conducting the Appeal Hearing is under the direction, control and discretion of the City Manager.

Please keep a copy of all information submitted. Documentation submitted to the City will not be returned. Incomplete information, illegible forms, or failure to request an Administrative Hearing within the required time period may be considered grounds for rejection of the appeal.

DECISIONS

The Public Works Director and/or City Manager may designate one or more City staff to assist with the administrative review and appeal hearing at their sole discretion. The Administrative Review and Appeal Hearing are informal and are not intended to follow formal evidentiary procedures.

All decisions will be in writing. The Public Works Director or City Manager will notify the transit passenger and SCT/Link Transit Supervisor within five business days of the City's decision to uphold or modify the original term of the suspension.



City of Galt Department of Public Works 495 Industrial Drive Galt, Ca. 95632



TRANSIT SUSPENSION APPEAL FORM

(NAME OF SUSPENDED PASSENGER)	
(MAILING ADDRESS OF SUSPENDED PASSENGER)	
(DAYTIME PHONE)	(EMAIL)
(DATE OF SUSPENSION LETTER)	(LENGTH OF SUSPENSION)
IF YOU ARE SUBMITTING THIS ON BEHALF OF A SUSPENDED FOLLOWING:	ED TRANSIT PASSENGER PLEASE PROVIDE THE
(YOUR NAME AND RELATIONSHIP TO SUSPENDED PASSEN	NGER)
(MAILING ADDRESS OF REPRESENTATIVE)	
(REASON YOU BELIEVE SUSPENSION IS NOT JUSTIFIED?)_	
(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)	
ACKNOWLEDGEMENT: THE INFORMATION SUBMITTED IS TRUE, COMPLETE	AND CORRECT TO THE BEST OF MY KNOWLEDGE.
SIGNATURE	