



VIRGINIA'S JUDICIAL SYSTEM

Americans with Disabilities Act
Grievance Form

GRIEVANT INFORMATION

Form section for Grievant Information including fields for Last Name, First Name, Middle Name, Address, City, State, ZIP, Phone Number Home, Work (Optional), and Date.

ALTERNATE CONTACT

Form section for Alternate Contact including fields for Last Name, First Name, Middle Name, Address, City, State, ZIP, Phone Number Home, and Work (Optional).

COMPLAINT INFORMATION

Form section for Complaint Information including Entity Alleged to Have Discriminated/Denied Access (Supreme Court, Court of Appeals, Circuit Court, General District Court, Juvenile & Domestic Relations District Court, Other) and Location (City/County).

Form section for Date of Incident and Court Division/Unit (i.e. Criminal, Traffic) - if applicable.

Form section for Describe Your Disability and Provide Supporting Documentation, including multiple lines for text entry.

Form section for Please Describe the Particular Way in Which You Believe You Have Been Denied Access to Any Service, Program, or Activity of the Judicial System, including multiple lines for text entry.

CASE INFORMATION

Form section for Case Information including Do You Have a Pending Case? (Yes/No), Court (Supreme Court, Court of Appeals, Circuit Court, General District Court, Juvenile & Domestic Relations District Court, Other), Name of Judge, and Case Number.

IF YOU NEED HELP IN COMPLETING THIS FORM, CONTACT THE CLERK OF COURT OR ADA COORDINATOR, DEPARTMENT OF HUMAN RESOURCES, OFFICE OF THE EXECUTIVE SECRETARY, SUPREME COURT OF VIRGINIA, 100 NORTH 9TH STREET, 3RD FLOOR, RICHMOND, VIRGINIA 23219. PLEASE RETURN THIS FORM TO THE ADA COORDINATOR, AT THE FOREGOING ADDRESS AND IF IT INVOLVES A PENDING CASE, PLEASE ALSO PROVIDE A COPY TO THE CLERK OF COURT.

Form section for Signature and Date.