

# Interpreter for the Deaf Complaint Form

## VIRGINIA COURT SYSTEM

MAIL TO: ADA Coordinator  
 Department of Human Resources  
 Office of the Executive Secretary  
 Supreme Court of Virginia  
 100 N. 9th Street, 5th floor  
 Richmond, Virginia 23219  
 Phone: 804-786-6455 Fax: 804-786-0109  
 E-mail: ADACoordinator@vacourts.gov

Complete and submit this form if you have a concern about communication services provided. The Americans with Disabilities Act (ADA) Coordinator for the Office of the Executive Secretary of the Supreme Court of Virginia takes all complaints very seriously. Your complaint will be given our full attention and will be resolved as quickly as possible. You will be notified of any corrective actions that are taken.

<b>NAME:</b>	Mr. Mrs. Miss. Ms.
	First Name <span style="float: right;">Last Name</span>
<b>ADDRESS:</b>	Address or P.O. Box <span style="float: right;">Telephone Numbers</span>
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">ZIP Code</span> <span style="float: right;">Home:</span>
	Email Address: <span style="float: right;">Work:</span>
	<span style="float: right;">Other:</span>
<b>NAME OF INTERPRETER:</b>	Mr. Mrs. Miss. Ms.
	First Name <span style="float: right;">Last Name</span>
<b>SERVICE LOCATION:</b>	Location Name <span style="float: right;">Service Date:</span>
	Street Address or P.O. Box <span style="float: right;">Telephone Number:</span>
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">ZIP Code</span>

DESCRIBE YOUR COMPLAINT:

<b>YOUR SIGNATURE:</b>	<p><i>(Continue on the back or a separate page if you need more space. Also, attach copies of any documents that help explain your complaint.)</i></p> <p><b>Answer the following questions:</b></p> <p>Have you, or someone acting on your behalf, contacted us about communication services before? <span style="float: right;"><b>Yes No</b></span></p> <p>If yes, did the previous contact involve the same incident? <span style="float: right;"><b>Yes No</b></span></p> <p>Furthermore, if yes, please state when this complaint was made and the outcome:</p>	
		<b>DATE:</b>

**FORM MUST BE SIGNED AND DATED**