



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 checkboxes for Supreme Court, Court of Appeals, Circuit Court, General District Court, Juvenile & Domestic Relations District Court, and Other.

Form section for Location (City/County) and Date of Incident.

COURT DIVISION/UNIT (i.e. Criminal, Traffic) – if applicable

DESCRIBE YOUR DISABILITY AND PROVIDE SUPPORTING DOCUMENTATION:

Blank lines for describing disability and providing supporting documentation.

PLEASE DESCRIBE THE PARTICULAR WAY IN WHICH YOU BELIEVE YOU HAVE BEEN DENIED ACCESS TO ANY SERVICE, PROGRAM, OR ACTIVITY OF THE JUDICIAL SYSTEM, OR HAVE OTHERWISE BEEN DISCRIMINATED AGAINST BECAUSE OF, OR RELATED TO, A DISABILITY. PLEASE SPECIFY DATES, TIMES OF INCIDENTS, AND NAMES OR POSITIONS OF COURT EMPLOYEES INVOLVED. PLEASE PROVIDE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ANY WITNESSES. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY. YOU MAY ALSO EMAIL ADACoordinator@vacourts.gov OR FAX TO (804) 786-0109.

Blank lines for describing the particular way in which you believe you have been denied access to any service, program, or activity of the judicial system.

CASE INFORMATION

Form section for Case Information including checkboxes for YES/NO, [CHECK ONLY ONE] for Supreme Court, Court of Appeals, Circuit Court, General District Court, Juvenile & Domestic Relations District Court, and Other. Includes fields for Name of Judge and Case Number.

IF YOU NEED HELP IN COMPLETING THIS FORM, CONTACT THE CLERK OF COURT OR ADA COORDINATOR, 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, DR. RENÉE FLEMING MILLS, 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.