

Americans With Disabilities (ADA) Discrimination Complaint/Grievance Form

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

ADA Compliance Coordinator, Virginia Department of Agriculture and Consumer Services (VDACS), 102 Governor Street, Room 246, Richmond, VA 23219.

You can reach our office Monday - Friday from 8:15 am to 5:00 pm at 804.371.7719, or you can email the agency at hr.vdacs@vdacs.virginia.gov.

Complainant/Grievant Name: _____

Complainant/Grievant Address: _____

Telephone Number: _____ E-mail: _____

Person Preparing Complaint (if different from Grievant): _____

Relationship of Preparer to Grievant (if applicable): _____

Date of incident: _____

Nature of Grievance:

Please describe the nature of the complaint or grievance. Include as much detail as possible of the alleged violation. Date, location, incident barrier, or perceived denial of benefit of any service, program or activity. If needed attach additional pages.

Proposed resolution or accommodation:

Please describe what you believe should be done to resolve the grievance.

Please attach any documents you believe support your complaint.

Signature of Grievant/Preparer

Date

Upon request, copies of this form will be provided in alternative formats.