



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

ADA GRIEVANCE FORM

I. GRIEVANT INFORMATION – PLEASE PRINT

Name:	Home Phone No: ()	Cell Phone No: ()
Home Address:	City, State, Zip:	E-Mail Address:
Name of Contact Person (if different than grievant):	Contact Person Home Phone No: ()	Contact Person Cell Phone No: ()
Contact Person Home Address:	City, State, Zip:	E-Mail Address:

II. GRIEVANCE ISSUE – PLEASE PRINT

DARS Office Location Alleged to be in Violation:	Date of Violation:
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Detailed description of grievance including names of DARS staff and other persons involved, if any, (use attachments if necessary):

Proposed solution to grievance / Requested Relief:

Grievant Signature:	Date:
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Grievant Representative Signature (if applicable):	Date:
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Grievances must be submitted within 90 calendar days of the date the grievant knew or should have known of the issue being grieved. The DARS ADA and Section 504 Compliance Policy and Grievance Procedure are available on the DARS website. Grievance Forms and questions related to pursuing grievances should be submitted to the DARS ADA Coordinator at the contact information below.

VIRGINIA DEPARTMENT FOR AGING & REHABILITATIVE SERVICES
5620 COX ROAD
GLEN ALLEN, VIRGINIA 23060
PHONE: (804) 662-7000
WEBSITE: www.dars.virginia.gov

III. ADA COORDINATOR USE ONLY

The ADA Coordinator will respond within 15 calendar days after contacting the grievant.

Date Received:	Date Grievant Contacted:
ADA Coordinator Name:	Phone No: ()
Response (use attachments if necessary):	

ADA Coordinator Signature:	Date:
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IV. GRIEVANT APPEAL

This form must be returned to the ADA Coordinator within 15 calendar days after receipt of the decision.

I conclude my grievance and am returning it to the ADA Coordinator I am appealing my grievance to the DARS Commissioner

Reason for Appeal (use attachments if necessary):	
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Grievant Signature:	Date:
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Grievant Representative Signature (if applicable):	Date:
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V. DARS COMMISSIONER USE ONLY

The Commissioner or designated representative will respond to the appeal within 15 calendar days after contacting the grievant.

Date Received:	Date Grievant Contacted:
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Response (use attachments if necessary):	
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Commissioner / Designated Representative Signature:	Date:
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