



VIRGINIA STATE BAR

AMERICANS WITH DISABILITIES ACT (ADA)

GRIEVANCE FORM: PART I

This Grievance Form is designed to gather information that is needed to determine whether your complaint states a potential violation of the ADA. Therefore, please fill out PART I of this form completely and file as soon as possible, but no later than 30 business days after the alleged violation. If assistance is needed to complete the form, you may contact the VSB ADA coordinator at 804-775-0505.

Name: _____

Address: _____

City, State and Zip: _____ Telephone No. _____

Email address: _____

VSB service, program, or activity to which access was denied or in which alleged discrimination occurred:

Date of Alleged Discrimination: _____

(Attach additional sheets, if necessary. **If the complaint is based on a denial of requested modification to a VSB policy or procedure, please fill out Part I and Part II of this form.**

Otherwise, leave Part II blank)

I certify that I am qualified or otherwise eligible to participate in the VSB service, program, or activity and the above statements are true to the best of my knowledge and belief.

Signature

Date

VSB ADA coordinator
1111 E. Main Street, Suite 700
Richmond, Virginia 23219
Email: adacoordinator@vsb.org



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AMERICANS WITH DISABILITIES ACT (ADA)

GRIEVANCE FORM: PART II

Please complete Part II only if your complaint is based upon the denial of a requested modification to make a VSB service, program, or activity accessible to a person with a disability. Requested modifications could include such things as providing auxiliary aids and devices or a change to a VSB policy or procedure to allow a person with a disability to participate in a VSB program, service, or activity.

Modification requested:

The date the reasonable modification was requested: _____

The person to whom the request was made (If known): _____

The reason for denial:

Why is the requested modification necessary to use or participate in the VSB program, service, or activity?

Any suggestions for alternative modifications which may provide accessibility?

Any other information you believe will aid in a fair resolution of this complaint?
