



LIBRARY OF VIRGINIA

TITLE IV/ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request.

Title IV/ADA Compliance Officer, Library of Virginia, Office of Human Resources, 800 E. Broad Street, Richmond, VA 23219.

You can reach our office Monday – Friday 9:00 am – 5:00 pm at (804) 692-3582 or you can email the Library of Virginia (LVA) – Title IV/ADA Compliance Officer at humanresources@lva.virginia.gov.

Complainant's Name:		
Home Address: _____	Home Telephone No. () -	Business Telephone No. () -
Home E-mail Address: _____		
Name: _____		
Home Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: () -		
The name and address of the agency, institution, or department you believe discriminated against you.		
Name: _____		
Business Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: () -		
Date of incident resulting in discrimination:		
Identify the category of Discrimination:		
Race: <input type="checkbox"/>	Color: <input type="checkbox"/>	National Origin: <input type="checkbox"/>
Disability: <input type="checkbox"/>		
Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please attach extra sheets to this form.		

Does this complaint involve a specific individual(s) associated with LVA? If yes, please provide name(s) of the individual(s), if known.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () -

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes **No**

Please provide the contact information below for the agency you filed the complaint with.

If the answer is Yes, identify the information below filed with the Federal Agency

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

If the answer is Yes, identify the information below filed with the Federal Court

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

If the answer is Yes, identify the information below filed with State Agency

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

If the answer is Yes, identify the information below filed with State Court

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

If the answer is Yes, identify the information below filed with Local Agency

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

If the answer is Yes, identify the information below filed with for an Other Agency

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature:

Signature Date: