



ADA COMPLAINT FORM FOR STATE-OPERATED FACILITIES

You may use this form to file a complaint regarding discrimination on the basis of disability in the provision of services, activities, programs, or benefits offered or provided by a Virginia Department of Behavioral Health and Developmental Services (“DBHDS” or “department”) operated facility. Be specific and provide as much detail as possible. This will allow the department to effectively process and evaluate your complaint. **If you need assistance filing out this form**, contact the ADA Representative (contact information appears near the end of this form).

Individual related to the complaint:			
Name: _____	Phone: _____		
Address: _____	_____		
Street / PO	City	State	Zip Code
Email Address: _____	_____		
Person filing the complaint if different than above:			
Name: _____	Phone: _____		
Address: _____	_____		
Street / PO	City	State	Zip Code
Email Address: _____	_____		

The preferred method of contact regarding this complaint is (check one):

- Mail
 Phone
 Email

1. Please describe the alleged actions (e.g., date, time, place, activity, people involved) and why you believe the incident was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.

2. Did you share your concerns with the department staff involved or his/her supervisor? If so, what happened?

3. How would you like the department to resolve your complaint so that you may participate in the program, service, or activity without discrimination? Please list any alternatives and let us know which you prefer. Potential solutions could include changes to policies, practices, or procedures; removing architectural, communication, or transportation barriers; and providing auxiliary aids and services.

4. Have you filed a claim regarding this complaint with a federal agency? If so, with whom and when?

5. Have you instituted a legal suit or court action regarding this complaint? If so, when and in what court?

Please be advised that, to evaluate this complaint, the department may need to review your private/confidential information. If such information is provided to the department, it will be maintained in a confidential manner.

Please sign and date:

Signature: _____ Date: _____

Please submit this form by mail or by email to:

Location	Location Address	Location Phone Number	ADA Email
DBHDS, Central Office	1220 Bank St Richmond, VA 23219	Voice: (804) 786-3921 TTY/TDD: (804) 371-8977	
Catawba Hospital	5525 Catawba Hospital Dr Catawba, VA 24070	Voice: (540) 375-4200 TTY/TDD: 711	catw-adarep@dbhds.virginia.gov
Central State Hospital	26317 W. Washington St Petersburg, VA 23803	Voice: (804) 524-7000 TTY/TDD: 711	csh-adarep@dbhds.virginia.gov
Commonwealth Center for Children & Adolescents	1355 Richmond Rd Staunton, VA 24401	Voice: (540) 332-2100 TTY/TDD: 711	ccca-adarep@dbhds.virginia.gov
Eastern State Hospital	4601 Ironbound Rd Williamsburg, VA 23188	Voice: (757) 253-5161 TTY/TDD: 711	esh-adarep@dbhds.virginia.gov
Hiram Davis Medical Center	110 7 th Ave Petersburg, VA 23803	Voice: (804) 524-7420 TTY/TDD: 711	hdmc-adarep@dbhds.virginia.gov
Northern VA Mental Health Institute	3302 Gallows Rd Falls Church, VA 22042	Voice: (703) 207-7100 TTY/TDD: 711	nvmhi-adarep@dbhds.virginia.gov
Piedmont Geriatric Hospital	5001 E. Patrick Henry Hwy Burkeville, VA 23922	Voice: (434) 767-4401 TTY/TDD: 711	pgh-adarep@dbhds.virginia.gov
Southeastern VA Training Center	2100 Steppingstone Sq Chesapeake, VA 23320	Voice: (757) 424-8240 TTY/TDD: 711	sevtc-adarep@dbhds.virginia.gov
Southern VA Mental Health Institute	382 Taylor Dr Danville, VA 24541	Voice: (434) 799-6220 TTY/TDD: 711	svmhi-adarep@dbhds.virginia.gov
Southwestern VA Mental Health Institute	340 Bagley Circle Marion, VA 24354	Voice: (276) 706-3300 TTY/TDD: 711	swvmhi-adarep@dbhds.virginia.gov
Virginia Center for Behavioral Rehabilitation	4901 E. Patrick Henry Hwy Burkeville, VA 23922	Voice: (804) 766-3105 TTY/TDD: 711	vcbr-adarep@dbhds.virginia.gov
Western State Hospital	103 Valley Center Dr Staunton, VA 24402	Voice: (540) 332-8000 TTY/TDD: 711	wsh-adarep@dbhds.virginia.gov

*If you are submitting this complaint on behalf of someone else and the matter involves private/confidential information, you **MUST** submit proof of your legal relationship or legal authority to access that person's protected information.*

Examples of legal relationship or legal authority include, but are not limited to:

- Parent of a minor child;*
- Guardian;*
- Attorney-in-fact granted the power to act on the individual's behalf with respect to the complaint;*
- Attorney of record;*
- Individual authorized to act on behalf of the individual in a writing approved by the department; or*
- Person with verifiable legal authority to act on behalf of the individual with respect to the complaint.*