Virginia Tax ADA Discrimination Complaint Form

Please provide the following information so we may investigate your incident. Assistance is available on request by calling 804.786.3613.

Your Contact Information

Name: __________________________________________________________________________________________

Address: __________________________________________________________________________________________

_______________________________________________________________________________________________

City: ___________________________________________ State: _______ ZIP ________________________________

Phone (Daytime): _______·_______·________________

Email: _____________________________ May we email you about this? _____ Yes _____ No

Did this happen to you, or someone else? _____ Me _____ Someone Else _____ Both

If someone else, please provide their contact information:

Name: __________________________________________________________________________________________

Address: __________________________________________________________________________________________

_______________________________________________________________________________________________

City: ___________________________________________ State: _______ ZIP ________________________________

Phone (Daytime): _______·_______·________________

Tell us what happened

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

When did this take place? _____________________________

Where did this take place? ____________________________
If this involves a specific Virginia Tax representative, name of representative involved in the incident:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Have you filed this complaint with another agency or court?

_____ Federal Agency       _____ Federal Court

_____ Virginia Agency       _____ Virginia Court

_____ Local Agency          _____ Other

Please provide the contact information for the other agency or court this has been filed with:

Name:________________________________________________________________________________________

Address:_______________________________________________________________________________________

_______________________________________________________________________________________________

City:________________________________________________ State:_______  ZIP__________________________

Phone (Daytime): _____ . _____ . __________________

Signature

_______________________________________________________________________________________________     ________________________

Name                     Date

Mail your completed report and any supporting documentation to:

ADA Coordinator
Virginia Department of Taxation
P.O. Box 1461
Richmond, VA 23218-1461