



# 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:

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Have you filed this complaint with another agency or court?

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court
<input type="checkbox"/> Virginia Agency	<input type="checkbox"/> Virginia Court
<input type="checkbox"/> Local Agency	<input type="checkbox"/> Other

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

## Signature

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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