



DEPARTMENT OF
WILDLIFE RESOURCES
CONSERVE. CONNECT. PROTECT.

ADA GRIEVANCE FORM

I. GRIEVANT INFORMATION — PLEASE PRINT

Name:	Home Phone No: ()	Cell Phone No: ()
Home Address:	City, State, Zip:	E-Mail Address:
Name of Contact Person (if different than grievant):	Contact Person Home Phone No: ()	Contact Person Cell Phone No: ()
Contact Person Home Address:	City, State, Zip:	E-Mail Address:

II. GRIEVANCE ISSUE — PLEASE PRINT

DWR Office Location Alleged to be in Violation:	Date of Violation:
Detailed description of grievance including names of DWR staff and other persons involved, if any, <i>(use attachments if necessary)</i> :	
Proposed solution to grievance / Requested Relief:	
Grievant Signature:	Date:
Grievant Representative Signature <i>(if applicable)</i> :	Date:

Grievances must be submitted within 90 calendar days of the date the grievant knew or should have known of the issue being grieved. The DWR ADA and Section 504 Compliance Policy and Grievance Procedure are available on the DWR website. Grievance Forms and questions related to pursuing grievances should be submitted to the DWR ADA Coordinator at the contact information below.

VIRGINIA DEPARTMENT OF WILDLIFE RESOURCES
7870 VILLA PARK DR., SUITE 400
HENRICO, VIRGINIA 23228
PHONE: (804) 367-1000
WEBSITE: <https://dwr.virginia.gov/>

III. ADA COORDINATOR USE ONLY

The ADA Coordinator will respond within 15 calendar days after contacting the grievant.

Date Received:	Date Grievant Contacted:
ADA Coordinator Name:	Phone No: ()
Response (use attachments if necessary):	
ADA Coordinator Signature:	Date:

IV. GRIEVANT APPEAL

This form must be returned to the ADA Coordinator within 15 calendar days after receipt of the decision.

<input type="checkbox"/> I conclude my grievance and am returning it to the ADA Coordinator	<input type="checkbox"/> I am appealing my grievance to the DWR Director
Reason for Appeal (use attachments if necessary):	
Grievant Signature:	Date:
Grievant Representative Signature (if applicable):	Date:

V. DWR DIRECTOR USE ONLY

The DWR Director or designated representative will respond to the appeal within 15 calendar days after contacting the grievant.

Date Received:	Date Grievant Contacted:
Response (use attachments if necessary):	
DWR Director / Designated Representative Signature:	Date: