



Americans with Disabilities Grievance Form

Please use this form to file a complaint based on disability in the provision of services, activities, programs, or benefits. **This form may not be used to file a complaint of discrimination against your employer.** Please contact the [New Mexico Human Rights Bureau](#) or the [Equal Employment Opportunity Commission](#) for information on how to file an employment discrimination complaint.

Please submit this form to accessibility@spo.nm.gov or by mail to:

ADA Coordinator
State Personnel Office
2600 Cerrillos Rd
Santa Fe, NM 87505-3258

1. Complainant Information

Last Name

First Name

Title

Phone

Address

2. Your Claim is made against:

State Agency

Phone

Address

Name of state employee (if applicable)

Title

3. Location(s) and date(s) of the circumstances giving rise to your complaint:



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Are these circumstances continuing?

Yes

No

4. Please describe the alleged denial of services, activities, programs or benefit and your reason(s) for concluding that the conduct was discriminatory. Please include the names(s) of witnesses, if any, and attach supporting information, if available.

5. Have you filed a claim regarding this complaint with a federal, state, or local government agency?

Yes

No

6. Have you hired an attorney with respect to the allegations in the complaint?

Yes

No

7. Have you instituted a legal suit or court action regarding this complaint?

Yes

No

8. This form was completed by:

Complainant

Assistance to the Complainant

ADA Coordinator

Name of person completing this form

Signature

Date