

**Americans with Disabilities Act Complaint Form**

For Staff Completion Only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_

Date of Resolution: \_\_\_\_\_

**Please complete all boxes and sections on the information form. Print or type all entries.**

PERSON MAKING THE COMPLAINT:

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

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

M.I: \_\_\_\_\_

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

\_\_\_\_\_

Your Home/Cell phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Your Work number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Email Address:

\_\_\_\_\_

What is the best way to contact you? Home Phone    Cell Phone    Work  
Mail    Email    Other: \_\_\_\_\_

What is the best time to contact you? \_\_\_\_\_

Check: Yes \_\_\_\_ No\_\_\_\_: I require an accommodation for filing and resolving my complaint. Please contact me at the phone numbers and email addresses I listed to make accommodation arrangements.

DETAILS OF COMPLAINT

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Court

Location \_\_\_\_\_

Identify the person and/or division in the Court

\_\_\_\_\_

Please describe the concern in your own words. Use the back of the form if additional space is needed. Attach any letters or other documentation that detail the issues. Please be as specific as possible, including all names and dates.

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\_\_\_\_\_

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DESIRED RESOLUTION

In your opinion, what action should be taken by the Court to resolve this matter?

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HOW YOUR COMPLAINT IS HANDLED

The vision of the New Mexico Courts is to be an efficient and fair forum built on a foundation of integrity and administered by a team committed to efficient, timely, and innovative services. To this end, any complaint received by the Court will be processed in a timely manner. Complaints are processed in the order that they are received or by degree of severity. Each complaint is reviewed and investigated by a supervisor or designee. The outcome of the investigation or resolution will be disclosed to the person making the complaint.

FOR STAFF COMPLETION ONLY:

Investigation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Resolution Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Complainant contacted and informed of resolution Yes/ No

Date Contacted: \_\_\_\_\_

Reason complainant not contacted:

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