

ADA Grievance Procedure

The ADA grievance procedure may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in court proceedings, the provision of services, or programs and activities of the New Mexico Courts. To file a grievance, complete the Grievance Form below. Alternative means of filing a grievance will be made available upon request for an ADA accommodation or an accommodation for limited English proficiency pursuant to Title VI of the Civil Rights Act of 1964. The grievance should be submitted by the requestor and/or his/her designee as soon as possible but not later than thirty (30) calendar days after the alleged discrimination occurred to:

Peggy Cadwell
Statewide ADA Title II Coordinator
New Mexico Administrative Office of the Courts
ADA@nmcourts.gov
(505) 414-5313

Within fifteen (15) calendar days after the receipt of the grievance, the Statewide ADA Coordinator will meet with the requestor to discuss the alleged discrimination and possible resolution.

Within thirty (30) calendar days after this meeting, the Statewide ADA Coordinator will respond in writing and, where appropriate, in a format accessible to the requester, such as large print, Braille, audio or accessible video tape. The response will explain the position of the New Mexico Courts and offer options for substantive resolution of the grievance.

In the event the grievance cannot be resolved by the Statewide ADA Coordinator, further appeal may be made to the Administrative Director of the Courts. The requestor shall submit their appeal to the Administrative Director of the Courts within fifteen (15) calendar days of receiving the written decision by the Statewide ADA Coordinator.

Upon receipt of the appeal, the Administrative Director of the Courts will review the alleged discrimination as well as the proposed resolution and within thirty (30) calendar days, provide the requestor with a written decision. All grievances received by the Statewide ADA Coordinator and the corresponding responses to the grievances shall be maintained by the Administrative Office of the Courts for a minimum period of three years.

Applicable federal statutes and regulations: Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination by federally funded organizations on the basis of disability in the delivery of services and employment practices (29 U.S.C. § 794) and 28 C.F.R. Part 42, Subpart G; Title II of the Americans with Disabilities Act of 1990, which prohibits discrimination on the basis of disability in the delivery of services and employment practices (42 U.S.C. § 12132) and 28 C.F.R. Part 35

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.

DESIRED RESOLUTION

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

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: ____/____/____

Resolution Date: ____/____/____

Complainant contacted and informed of resolution Yes/ No

Date Contacted: _____

Reason complainant not contacted:
