



**Americans with Disabilities Act (ADA) Title II
Complaint Form
New Mexico State Courts
Statewide ADA Title II Coordinator's Office**

Instructions: Use this form to file a complaint regarding a denial of access to a New Mexico Court. Please complete and send the form as soon as you can, but no later than **thirty (30) calendar days** after the incident. Mail the complaint to:

202 East Marcy St., Santa Fe, NM 87501
or email it to
ADA@nmcourts.gov

Please let us know if you need help filling out the form or want it in a different format.

Today's Date: _____

Person Making the Complaint:

Printed Name: _____ **Signature:** _____

Address: _____

Phone Number: _____ **Email address:** _____

Court Case Number (if available): _____

Details of Complaint:

Date of incident: _____ **Court Location:** _____

Description of Complaint:

Please clearly describe the denial of access or the alleged discrimination. Include specific details such as staff names and your original request for accommodation, if available. You may attach extra pages, letters, or other documents, but do not send medical records.

What is your request for access to solve this issue?

What Happens Next?

Complaints are reviewed in the order they are received. You will receive a written response within **thirty (30) days**, setting out a process for the resolution of the complaint. If the decision is that no further action will be taken, the written response will explain the reasons for the decision.

Title II of the Americans with Disabilities Act of 1990 prohibits discrimination based on disability in State and local governments.

The New Mexico Administrative Office of the Courts is committed to ensuring equal access to and full participation in court programs, court services, and court activities for qualified individuals with disabilities, including attorneys, litigants, defendants, probationers, witnesses, victims, potential jurors, and public observers of court proceedings regardless of national origin.

FOR STAFF COMPLETION ONLY

Date of Receipt: _____ **Received By:** _____

Investigation Date: _____

Notes:

Resolution Date: _____

Notes:

Complainant Contacted and Informed of Resolution (Yes or No): _____

Date Contacted: _____

Reason the complainant was not contacted: _____