

DATE: _____

Commissioner
Department of Behavioral Health and Developmental Services
P.O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner,

I am writing to seek resolution of the rights violations I am experiencing in the system licensed, funded, and/or operated by the Department of Behavioral Health and Developmental Services (DBHDS). I am a person with a developmental disability who is:

- At risk of unnecessary institutionalization
- Inappropriately institutionalized

As a person with a disability, the Americans with Disabilities Act protects me from discrimination and denial of participation in services, programs, or activities of public entities. The system licensed, funded, and/or operated by DBHDS has denied me the opportunity to receive services in the most integrated setting appropriate to my needs.

Name: _____

Substitute decision maker (if applicable): _____

Location [examples: home/ facility/REACH home]: _____

Service, program, or activity denied: _____

What I need to prevent or resolve inappropriate institutionalization: _____

If you have any questions, please contact me or my substitute decision maker at:

Phone: _____

Email: _____

Mailing address: _____

Please respond to my complaint in writing at the email or mailing address above. Any protected health information that is included in this letter is submitted with knowledge I am choosing to share this information with the parties addressed. I appreciate you reviewing my complaint and hope for a prompt resolution to these rights violations.

Sincerely,

Cc. disAbility Law Center of Virginia
1512 Willow Lawn Drive
Suite 100
Richmond, VA 23230
Fax: (804) 662-7431
Email: crisis@dlcv.org

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Washington, D.C. 20530
Fax: (202) 307-1197
Email: Kyle.Smiddie@usdoj.gov
Jessica.Polansky@usdoj.gov
Robert.Molson@usdoj.gov

Independent Reviewer
U.S. v. Virginia Settlement Agreement
P.O. Box 54
Shutesbury, MA 01072-0054
Email: donaldfletcherva@gmail.com