

SUPREME COURT OF APPEALS OF WEST VIRGINIA

**AMERICANS WITH DISABILITIES ACT (ADA)
WRITTEN GRIEVANCE FORM**

This form may be used by any person who believes that he or she has been the subject of disability-related discrimination in the employment, practices and policies or the provision of services, activities, programs or benefits by any unit of the West Virginia court system.

Person filing grievance:

Name: _____

Address: _____

Telephone: _____

Date and location of alleged disability-related discrimination: _____

Please provide a detailed description of the alleged disability-related discrimination: _____

(Please use back of form if additional space is needed)

Please provide the names and/or positions of any court personnel involved: _____

Please state what you think should be done to resolve the grievance: _____

Signature of person filing grievance

Date

Send completed form to: ATTN: ADA Coordinator
West Virginia Supreme Court of Appeals Administrative Office
Bldg. 1, Room E-100
1900 Kanawha Blvd. East
Charleston, WV 25305-0145
Telephone: 304-558-0145 (Voice)
 304-558-4219 (TTY)