

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Click here to auto-fill date below](#)

\_\_\_\_\_  
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)