



**Human Resources**  
Office of the Executive Secretary  
Supreme Court of Virginia

**VIRGINIA'S JUDICIAL SYSTEM**  
**Americans with Disabilities Act**  
**Grievance Form**

**GRIEVANT INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:			CITY	STATE	ZIP
PHONE NUMBER HOME ( )		WORK (OPTIONAL) ( )		DATE	
EMAIL ADDRESS:					

**ALTERNATE CONTACT**

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:			CITY	STATE	ZIP
PHONE NUMBER HOME ( )		WORK (OPTIONAL) ( )			

**COMPLAINT INFORMATION**

ENTITY ALLEGED TO HAVE DISCRIMINATED/DENIED ACCESS

<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Court of Appeals	<input type="checkbox"/> Circuit Court	<input type="checkbox"/> General District Court
<input type="checkbox"/> Juvenile & Domestic Relations District Court	<input type="checkbox"/> Other _____		

LOCATION (CITY/COUNTY)	DATE OF INCIDENT
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COURT DIVISION/UNIT (i.e., Criminal, Traffic) – if applicable

DESCRIBE YOUR DISABILITY AND PROVIDE SUPPORTING DOCUMENTATION:

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PLEASE DESCRIBE THE PARTICULAR WAY IN WHICH YOU BELIEVE YOU HAVE BEEN DENIED ACCESS TO ANY SERVICE, PROGRAM, OR ACTIVITY OF THE JUDICIAL SYSTEM, OR HAVE OTHERWISE BEEN DISCRIMINATED AGAINST BECAUSE OF, OR RELATED TO, A DISABILITY. PLEASE SPECIFY DATES, TIMES OF INCIDENTS, AND NAMES OR POSITIONS OF COURT EMPLOYEES INVOLVED. PLEASE PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ANY WITNESSES. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY. YOU MAY ALSO EMAIL ADAOFFICE@VACOURTS.GOV OR FAX TO (804) 786-0109.

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**CASE INFORMATION**

DO YOU HAVE A PENDING CASE?  YES  NO

If Yes: \_\_\_\_\_

COURT

[CHECK ONLY ONE]

<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Court of Appeals	<input type="checkbox"/> Circuit Court	<input type="checkbox"/> General District Court
<input type="checkbox"/> Juvenile & Domestic Relations District Court	<input type="checkbox"/> Other _____		

NAME OF JUDGE \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

IF YOU NEED HELP IN COMPLETING THIS FORM, CONTACT THE CLERK OF COURT OR ADA COORDINATOR, OFFICE OF THE EXECUTIVE SECRETARY, SUPREME COURT OF VIRGINIA, 100 NORTH 9TH STREET, 3RD FLOOR, RICHMOND, VIRGINIA 23219. PLEASE RETURN THIS FORM TO THE ADA COORDINATOR, DR. RENÉE FLEMING MILLS, AT THE FOREGOING ADDRESS, AND IF IT INVOLVES A PENDING CASE, PLEASE ALSO PROVIDE A COPY TO THE CLERK OF COURT.

SIGNATURE	DATE
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