OFFICE OF THE EXECUTIVE SECRETARY OF THE SUPREME COURT OF VIRGINIA

MEDIATOR/TRAINER/MENTOR COMPLAINT FORM

I. General Information

1. Your Information:	
First Name:	Last Name:
Mailing Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:
2. Mediator/Trainer/Mentor's Information	give as much information as possible):
First Name:	Last Name:
Mailing Address:	
Work Phone:	Cell Phone:
Email:	Website:
II. <u>Description of Complaint</u>	
1. This complaint is against a certified me	ediator acting as a:
MediatorMe	ediation TrainerMediator Mentor
2. Date(s) of Incident(s):	
3. Please describe the specific facts that for	orm the basis for this complaint:

You may use the back of this form or additional pages, if necessary.
If the incident occurred during mediation,
a. is the mediation over (no more sessions are scheduled)?YesNo
b. parties to the mediation:
. <u>Certification of Accuracy</u>
hereby certify that everything contained in this complaint is correct to the best of my nowledge and belief.
gnature of Complainant:
ate:

Please mail this completed form to:

Dispute Resolution Services
Office of the Executive Secretary
Supreme Court of Virginia
100 N. Ninth Street, Third Floor
Richmond, VA 23219