

**OFFICE OF THE EXECUTIVE SECRETARY  
OF THE SUPREME COURT OF VIRGINIA**

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**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. Description of Complaint**

1. This complaint is against a certified mediator acting as a:

\_\_\_\_\_ Mediator      \_\_\_\_\_ Mediation Trainer      \_\_\_\_\_ Mediator Mentor

2. Date(s) of Incident(s): \_\_\_\_\_

3. Please describe the specific facts that form the basis for this complaint:


