



Americans With Disabilities Act (ADA) Grievance Form

Directions

1. This form may be used to request a review of an ADA Accommodation Request decision that was denied or modified.
2. If you need additional space to answer any of the following questions, please attach additional pages as necessary.
3. Send the completed form to the Court ADA Coordinator. If an alternative method of submitting a grievance is needed, the Court ADA Coordinator can provide alternatives.

Contact Information

Name: _____

Address: _____

Email: _____

Phone: _____

Form continues on the next page.

Basis for Review

Provide a detailed description of why the ADA Accommodation Request decision should be reversed.

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

Signature

Date of Signature