

48th Circuit Court
Americans with Disabilities Act
Grievance Form

Please provide the following information:

1. Name _____

Address _____

City _____ State _____ Zip _____

Home Phone_(____)_____ Cell phone_(____)_____

Email address _____

2. Date the aggrieved action occurred or was observed _____

3. Name and location of the court program or service involved that is the subject of the complaint.

Name of program or service _____

Address _____

City _____ State _____ Zip _____

4. Name of the Court employee representative with whom you made contact regarding the subject of the grievance:

5. Describe why you believe you are the victim of discrimination on the basis of disability in the delivery of 48th Circuit Court programs and services:
