

Americans with Disabilities Act of 1990  
Statement of Grievance

Name of Individual Making the Complaint \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Complete the following section if the complaint is being filed by a person other than the individual making the complaint:

Complaint Filed By \_\_\_\_\_

Title (if appropriate) \_\_\_\_\_

Firm (if appropriate) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

-----

*This section is for court use only:*

*Date Filed* \_\_\_\_\_ *Time Filed* \_\_\_\_\_

*Complaint Taken By* \_\_\_\_\_

*Staff Person's Name*

Complainant's Last Name \_\_\_\_\_

1. Name the court or court facility in which the violation is alleged to have occurred

\_\_\_\_\_

2. Describe what happened that led to the decision to file this complaint. (If necessary, use an additional page to complete the statement.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Last Name \_\_\_\_\_

3. State the desired remedy or the solution requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List those witnesses who can provide information that supports or is relevant to your complaint

Witness \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_