

**State of Illinois
Second Judicial Circuit**

**Americans with Disabilities
Grievance Form**

Date: _____

Name of grievant: _____

Address: _____

Daytime Phone Number: _____ Email: _____

Type of Accommodation requested: _____

Description of the alleged violation (please be specific): _____

Please send a copy of the completed form by mail to the appropriate Court Disability
Coordinator/Circuit Clerk from the list in Exhibit D:

Signature: _____

Print Name: _____

Date: _____

EXHIBIT C