



AMERICANS WITH DISABILITIES ACT (ADA) TITLE II  
GRIEVANCE FORM

**Grievant Information**

Grievant Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Mobile Phone (include area code): _____

**Alternative Contact Person (other than Grievant)**

Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Relationship To Client: _____

**Court Service, Program or Facility Allegedly in Violation**

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes      No

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court: _____	Contact Person: _____
Address: _____	Phone (include area code): _____
	Date Filed: _____

Other Comments

Signature: \_\_\_\_\_ Date: \_\_\_\_\_