

STATE OF ILLINOIS  
THIRTEENTH JUDICIAL CIRCUIT – LASALLE, BUREAU & GRUNDY COUNTY

American with Disabilities  
Grievance Form

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

Name of grievant: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of accommodation requested: \_\_\_\_\_

Description of the alleged violation (please be specific): \_\_\_\_\_

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

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Please send a copy of the completed grievance form to:

Court Disability Coordinator

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

Or by e-mail to: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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