

[SAMPLE]

[Name of court]  
**Grievance Procedure under  
The Americans with Disabilities Act**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the **[name of court]**. The **[e.g. (name of) court]**'s Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination, such as the name, address, and phone number of the complainant and the location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a taped recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation, to:

**[Insert ADA Coordinator's name]**  
**ADA Coordinator [and other title if appropriate]**  
**[Insert ADA Coordinator's mailing address]**

Within 15 calendar days after receipt of the complaint, *[ADA Coordinator's name]* or *[his/her]* designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, *[ADA Coordinator's name]* or *[his/her]* designee will respond in writing, and when appropriate, in a format accessible to the complainant. The response will explain the position of the **[name of court]** and offer options for substantive resolution of the complaint.

If the response by *[ADA Coordinator's name]* or *[his/her]* designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the **[Court Administrator/or Chief Judge]** or *[his/her]* designee.

Within 15 calendar days after receipt of the appeal, the **Court Administrator or Chief Judge]** or *[his/her]* designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **[Court Administrator or Chief Judge]** or *[his/her]* designee will respond in writing, and, when appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape, with a final resolution of the complaint.

**All written complaints received by [name of ADA Coordinator] or [his/her] designee, appeals to the [Court Administrator or Chief Judge] or [his/her] designee, and responses from these two offices will be retained by the [court] for at least three years.**

[SAMPLE]  
**(Name of Court)**  
**Americans with Disabilities Act**  
**Grievance Form**

Please provide the following information:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail 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 code: \_\_\_\_\_

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

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

5. Describe why you believe you are the victim of discrimination on the basis of disability in the delivery of (name of court) programs and services:

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

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date