Statement of Grievance Regarding e-Filing Access Plan	FOR COURT USE ONLY **GRIEVANCE NO:** **DATE RECEIVED:**

Use this form to submit specific issues regarding e-Filing access at a court. Submit the completed form to the court administrator. The court will respond in writing to your grievance within five business days.

First and last name of person requesting review	Court no. and name	Case no. (if applicable)

Mailing address, e-mail address, and telephone no.

Describe in detail your complaint. Include dates of particular incidents, names of individuals involved, locations of computer workstations, your concerns, and any other information that will help in reviewing your complaint. If you need more space, attach separate sheets.

Signature of person requesting review and date

Response to Statement of Grievance

Response:

Chief judge/Court administrator and date

Address

City, state, zip Telephone no.

COURT USE NOTE: Distribute copies of the completed response to the grieving party, chief judge, and SCAO regional administrator.