

**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**