



MONROE COUNTY COURT OF  
COMMON PLEAS  
FORTY-THIRD JUDICIAL DISTRICT

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 (MM/DD/YYYY) and Location of Alleged Violation

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: \_\_\_\_\_