

**Illinois Appellate Court, Fourth District
Americans 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): _____

Please send a copy of the completed grievance form to:

**Appellate Court Disability Coordinator
Office of the Illinois Appellate Court Clerk, Fourth District
201 West Monroe Street,
Springfield, IL 62704
or by e-mail: ada4thdistrict@IllinoisCourts.gov
Phone: (217) 782-2586**

Signature: _____

Print Name: _____

Date: _____