

**Illinois Appellate Court, Third 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, Third District
1004 Columbus Street
Ottawa, IL 61350
or by e-mail to: ada3rddistrict@IllinoisCourts.gov**

Phone: (815) 434-5050

Signature: _____

Print Name: _____

Date: _____

EXHIBIT C