

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ILLINOIS COURTS

Last updated 01/24

You have the right to file a grievance. A **grievance** is a formal complaint that you were not given the accommodations you needed under the Illinois Supreme Court Disability Access Policy (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA). This grievance may be filed at any time, but the court may move forward with your case if you do not submit your grievance within fifteen (15) business days after you become aware of the alleged violation.

ዶ

1. Who are you?

Name of person with the grievance:		
First and Last Name		
Court case number (if known):		
Role at court: Party to a case (petitioner/plaintiff, respondent/defendant, etc.) Witness Juror Lawyer Court observer Companion (support worker, care or assistance provider, family member) Other:		
Contact person (if different from above):		
First and Last Name Address:		
Phone number: Email address:		
Best way to reach you? Phone call Text message Email Other:		

2. What happened?

A. I asked for (check the box for any accommodations you requested. If you requested "something else" list additional information about the request):

Qualified sign language interpreter

Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

Help completing documents
Extended time
Change to location of court activity
Access for my service animal (dog or miniature horse)
] Court documents in large print/Braille
Something else. Describe the accommodation you requested or additional information you provided:

3. When & where were you not given the accommodation you requested?

Date(s) denial of accommodation occurred (if known):

Location where the denial occurred (including courthouse name, address, room (for example, clerk's office, jury room, remote courtroom), and any other information you know about the denial or failure to respond to the request:

4. Next steps

Please submit this grievance to the following Court Disability Coordinator:

	Name:			
For courts to fill out before distributing	Address: Courthouse Address, Office #, City, State, Zip Code			
	Phone number: Email address:			
OFFICE USE ONLY				
Grievance for Accommodation:				
🗌 Original denial stands 🗌 Hadn't previously decided, will decide now 🔲 Accommodation granted				
	Requestor notified on:Via:Via:			

Comments: