

Sixth Judicial Circuit Court of Illinois  
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:

Office of the Presiding Judge  
10 South Main, Suite 12  
Sullivan, IL 61951  
Phone: (217) 728-4521

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_