



# 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.



## 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: \_\_\_\_\_  
*Street Address, Apt. #, City, State, Zip Code*

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: Marcus S. Grace

Address: 1 Superman Square Room 2D  
*Courthouse Address, Office #, City, State, Zip Code*

Phone number: 618-524-9359 Email address: mgrace@massaccountyil.gov

For courts to fill out before distributing

<b><u>OFFICE USE ONLY</u></b>	
Grievance for Accommodation: _____	
<input type="checkbox"/> Original denial stands <input type="checkbox"/> Hadn't previously decided, will decide now <input type="checkbox"/> Accommodation granted	
Requestor notified on: _____	Via: _____
Comments: _____	