

Second District Appellate
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:

Court Disability Coordinator
Second District Appellate Court
55 Symphony Way
Elgin, IL., 60120
or by e-mail to:

ada2nddistrict@IllinoisCourts.gov

Phone: (847) 695-3750

TDD: (847) 695-0092

Signature: _____

Print Name: _____

Date: _____

EXHIBIT C