

**Illinois Appellate Court, Fifth 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, Fifth District
14th & Main St., P.O. Box 867
Mt. Vernon, IL 62864
or by e-mail at the address listed on page 2 of the policy
Phone: (618) 242-3120**

Signature: _____

Print Name: _____

Date: _____