

**Appellate Court of Illinois First 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:

**Court Disability Coordinator
Appellate Court of Illinois First District
160 North LaSalle Street, S1400
Chicago, IL 60601
or by e-mail to: ADA1stDistrict@IllinoisCourts.gov
Phone: (312) 793-5484**

Signature: _____

Print Name: _____

Date: _____