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)

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Courts.

☐ 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: Kimberly A. Stahl

For courts to fill out before distributing

Address: 106 S. 5th Street, Suite 300 Oregon, IL 61061
Courthouse Address, Office #, City, State, Zip Code

Phone number: 815-732-1130 Email address: circuitclerk@oglecountyil.gov

OFFICE USE ONLY

Grievance for Accommodation: _____

☐ Original denial stands ☐ Hadn't previously decided, will decide now ☐ Accommodation granted

Requestor notified on: _____ Via: _____

Comments:

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