

**Supreme 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
Office of the Supreme Court Clerk
200 East Capitol Avenue
Springfield, IL 62701
or by e-mail to: ADACoordinator@IllinoisCourts.gov**

Phone: (217) 782-2035

TDD: (217) 524-8132

Signature: _____

Print Name: _____

Date: _____

EXHIBIT C