

Title II of the Americans with Disabilities Act Statement of Grievance

Please fill out this form completely; Print or type. Sign and return to:

Tammy Anton, ADA Coordinator
Fifteenth Judicial Circuit 205 N. Dixie
Hwy West Palm Beach, FL 33401

Name of Person filing Complaint: _____
Address: _____ City: _____
_____ State: _____ Zip: _____ Telephone: _____
Home: _____
Other: _____

Person Discriminated Against: (If other than person filing complaint)

Address: _____
City: _____ State: _____ Zip: _____
Telephone: Home: _____
Other: _____

Case Number or Juror Number, if known: _____

When did the discrimination occur? Date: _____

Give the location of the courthouse where you believe the violation occurred:

Describe the discrimination that occurred:

Provide, if known, the names of court staff or others involved:

Names of witnesses who can provide additional information, if needed:

Witness #1: Name:

Address: _____

City: _____ State: _____ Zip: _____

Witness #2: Name:

Address: _____

City: _____ State: _____ Zip: _____

State the solution you believe is appropriate for your grievance:

Have you filed, or do you intend to file, a complaint about this situation with any other court or government agency?

Yes ____ No ____

If yes:

Agency or Court: _____

Contact Person: _____ City,

State and Zip: _____ Telephone

Number: _____ Date Filed:

Signature of person filing complaint or person discriminated against:

Date: _____