



APPENDIX B

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE FORM

Grievant Information

Grievant Name:	Home Phone (include area code):
Address:	Business Phone (include area code):
	Mobile Phone (include area code):

Alternative Contact Person (other than Grievant)

Name:	Home Phone (include area code):
Address:	Business Phone (include area code):
	Relationship To Client:

Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court:	Contact Person:
Address:	Phone (include area code):

Date Filed:

Other Comments

Signature: _____ Date: _____