



MINNESOTA JUDICIAL BRANCH

Americans with Disabilities Act (ADA) Grievance Form

Please provide the following information:

1. Name of Grievant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

2. Date the alleged discriminatory act or decision occurred: _____

3. Court location and name of the court program or service involved that is the subject of this grievance.

Court location: _____

Name of program or service: _____

4. Type of accommodation requested: _____

5. Describe the alleged discriminatory act or decision (please be specific):

Please send the completed grievance form to:

ADA Coordinator
125 Minnesota Judicial Center
25 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Or by e-mail to: ADA.coordinator@courts.state.mn.us

Phone: 651-282-2067

TTY / TDD: 7-1-1 or 1-800-627-3529

Signature of Grievant

Date