



CARBON COUNTY COURT OF COMMON PLEAS

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

Call 570-325-8556 for questions and assistance completing this form. Send the completed form to: ADA Coordinator/Assistant Court Administrator, Carbon County Courthouse, 4 Broadway, PO Box 131 Jim Thorpe, PA 18229, or by fax to 570-325-9449, or by email to info@carboncourts.com.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_