

## APPENDIX B

6th Judicial District, erie County
UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

## AMERICANS WITH DISABILITES ACT (ADA) TITLE II GRIEVANCE FORM

Grievant Information	
Grievant Name:	Home Phone (include area code):
	Business Phone
Address:	Mobile Phone
(include area code):  Alternative Contact Person (other than Grievant)	
	Home Phone
Name:	(include area code):  Business Phone
Address:	
	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:
	Phone
Address:	(include area code):
	Date Filed:
Other Comments	
Signature:	Date: