## Supreme Court of Illinois Americans with Disabilities Grievance Form

	Date:		
Name of grievant	:		
Address:			
Daytime Phone N	Jumber:	E-mail:	
Description of th	e alleged violation (plea	ase be specific):	
	Court I Office of t 200 E Spr or by e-mail to: <u>AD</u>	of the completed grievance form to:  Disability Coordinator the Supreme Court Clerk East Capitol Avenue ringfield, IL 62701 ACoordinator@IllinoisCourts.gov one: (217) 782-2035 DD: (217) 524-8132	
Signature:			
Date:			