MARICOPA COUNTY SUPERIOR COURT

TITLE II ADA GRIEVANCE FORM

This form is for use by any user of the Maricopa County Superior Court ("Superior Court") system – including, but not limited to, parties, attorneys, jurors, witnesses, or members of the public – who believes that he or she has been subject to discrimination by the Superior Court based on a disability in violation of Title II of the Americans with Disabilities Act ("ADA"). To utilize the Superior Court's Grievance Procedures, this form must be submitted to the ADA Coordinator within sixty (60) days of the alleged discrimination.

Please fill out this form in detail and mail it to the ADA Coordinator at the following address:

Dennis Carpenter
ADA Coordinator
Maricopa County Superior Court
125 W. Washington, 4th Floor
Phoenix, AZ 85003
602-372-0190

If you need assistance in completing this form, the ADA Coordinator will assist you upon request. Alternative means of submitting the form, such as by personal interview or by tape recording, will be made available upon request to qualified individuals with disabilities.

Additional, detailed information about the Superior Court's Grievance Procedures for lodging a complaint about access to the court system by persons with disabilities is available in the Superior Court's "Notice of Court Access Information for Persons with Disabilities." This Notice is available at the Clerk's Office or upon request from the ADA Coordinator.

Name of Complainant:

Address:

Telephone Number:

Nature of Disability:

Name, Address, and Telephone Number of Alternate Contact Person:

Court/Division Alleged to Have Denied Access:

Location of Alleged Discrimination:

Date and Time of Alleged Discrimination:

Please describe the particular way in which you believe you have been denied the benefit, service, program, or activity of the Superior Court, or have otherwise been subject to discrimination as a person with a disability by the Superior Court.

Please state, if known, the names or positions of any Superior Court employees involved in the incident, as well as names, addresses, and telephone numbers of any witnesses to any such incident, if necessary.

Please attach any and all documentation that you believe to be relevant to this complaint.