



# 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](mailto:ADA.coordinator@courts.state.mn.us)

Phone: 651-282-2067

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

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date