FIFTH DISTRICT COURT OF APPEALS

AMERICANS WITH DISABILITIES ACT (ADA)
WRITTEN GRIEVANCE FORM

This form may be used by any person who believes that he or she has been the subject of disability-related discrimination by the Fifth District Court of Appeals. Alternative methods of submitting a grievance are available, please contact the ADA Coordinator.

Person filing grievance:

Name: _____

Address: _____

Telephone: _____

Date and location of alleged disability-related discrimination: _____

_____

Please provide a detailed description of the alleged disability-related discrimination: _____

_____

_____

_____

(Please use back of form if additional space is needed)

Please provide the names and/or positions of any court personnel involved: _____

_____

Please state what you think should be done to resolve the grievance: _____

_____

_____

_____

_____ _____

Signature of person filing grievance *Date*

Send completed forms to:

Polly Mallett
ADA Coordinator for the
Fifth District Court of Appeals
110 Central Plaza South, Suite 320
Canton, OH 44702
Phone: 330-451-7437
Fax: 330-451-7249
pemallett@starkcountyohio.gov