

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

*Court name and location

- Michigan Avenue Courthouse - 227 West Michigan Avenue, Kalamazoo, MI 49007
- Crosstown Center - 150 E Crosstown Parkway, Kalamazoo, MI 49001
- Gull Road Justice Complex - 1536 Gull Road, Kalamazoo, MI 49048
- Juvenile Home - 1424 Gull Road, Kalamazoo, MI 49048

Please provide the following information:

1. Name of Grievant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

2. Date the aggrieved action occurred or was observed: _____

3. Name and location of the court program or service involved that is the subject of the complaint.

Name of program or service: _____

Address: _____

City: _____ State _____ Zip code: _____

4. Name(s) of the Court employee representative with whom you made contact regarding the subject of this grievance:

5. Describe why you believe you are the victim of discrimination on the basis of disability in the delivery of (name of court) programs and services:

Signature of Grievant

Date

Submit form with original signature to the corresponding address below.

***If the aggrieved action occurred at the:**

- Michigan Avenue Courthouse
- Gull Road Justice Complex
- Juvenile Home

Please send this form to:

Chad Kewish
ADA Coordinator
9th Circuit Court
227 West Michigan Ave.
Kalamazoo, MI 49007

***If the aggrieved action occurred at the:**

- Crosstown Center

Please send this form to:

Ann Filkins
ADA Coordinator
8th District Court
150 E. Crosstown Parkway
Kalamazoo, MI 49001