



# Court of Common Pleas

Lawrence County, Pennsylvania

## AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE FORM

### Grievant Information

Grievant Name: \_\_\_\_\_ Home Phone  
(include area code): \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone  
(include area code): \_\_\_\_\_

Mobile Phone  
(include area code): \_\_\_\_\_

### Alternative Contact Person (other than Grievant)

Name: \_\_\_\_\_ Home Phone  
(include area code): \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone  
(include area code): \_\_\_\_\_

Relationship  
To Client: \_\_\_\_\_

### Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes      No

### If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone  
(include area code): \_\_\_\_\_

Date Filed: \_\_\_\_\_

Other Comments

Signature: \_\_\_\_\_ Date: \_\_\_\_\_