## MJB_logo_v

**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