

Sixth Judicial Circuit Court of Illinois
Americans with Disabilities
Grievance Form

Date: _____

Name of grievant: _____

Address: _____

Daytime Phone Number: _____

E-mail: _____

Type of Accommodation requested: _____

Description of the alleged violation (please be specific): _____

Please send a copy of the completed grievance form to:

Office of the Presiding Judge
10 South Main, Suite 12
Sullivan, IL 61951
Phone: (217) 728-4521

Signature: _____

Print Name: _____

Date: _____