

18TH JUDICIAL CIRCUIT COURT, DUPAGE COUNTY, ILLINOIS

GRIEVANCE FORM

For complaints related to Requests for a Reasonable Accommodation

(Form 18-4)

This form shall be submitted within seven (7) days after the person filing the complaint becomes aware the action or inaction. You may also utilize any other remedy allowed under federal or state law.

A. General Information

1. Date grievance submitted: _____

2. Person filing grievance:

Name: _____

Are you (Please check one of the following options):

Defendant Plaintiff Litigant/Party/Witness Juror

Victim Attorney other (specify) _____

B. Information needed to clarify grievance.

1. Court service, program or activity: _____

Case Number, if known: _____

Court Room, if known: _____

Date(s) of alleged discrimination: _____

Time of alleged discrimination: _____

Location(s) of the alleged discriminatory act (courtroom number):

2. Description of violation (please be specific):

3. How would you like to be informed of the status of your request for accommodation?

Phone Email Fax U.S. Mail Writing Other

4. Contact information for person filing grievance:

Address:

Phone: _____ Cell Phone: _____

Fax: _____

Email: _____

5. Person making this request (if other than person filing the grievance)

Name: _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship to person needing the accommodation: _____

Please submit the completed form to:

Court Disability Coordinator (CDC)
505 N. County Farm Road, Room 2015,
Wheaton, IL 60187
Email: CDC@18thJudicial.org
Voice: (630) 407-8901
TDD: (630) 407-8910
FAX: (630) 407-8836

Grievances must be submitted within seven (7) days after the person filing the complaint becomes aware of the action or inaction. If you need help completing the form, please ask the CDC for assistance. The CDC will respond in accordance with the grievance process detailed above.