CLERK OF THE SUPERIOR COURT FOR MARICOPA COUNTY
TITLE II ADA GRIEVANCE FORM

NOTE: If your request is for the **Superior Court** and **not the Clerk** of the Court, see http://www.superiorcourt.maricopa.gov/SuperiorCourt/AmericansWithDisabilitiesAct/Index.asp.

This form is for any user of the **Clerk of the Superior Court's** ("Clerk") programs, services, or activities, including parties, attorneys, jurors, witnesses, or members of the public, who believes he or she has been discriminated against by the Clerk based on a disability in violation of Title II of the Americans with Disabilities Act ("ADA"). To use the Clerk's Grievance Procedures, this form must be submitted to the ADA Coordinator within sixty (60) days from the alleged discrimination.

Please print the completed form (and any relevant documents) and mail them to the Clerk's ADA Coordinator.

If you need help completing the grievance form, please contact the ADA Coordinator for assistance. Alternative means of submitting an accommodation request, such as by personal interview or a tape recording, is available to qualified individuals with disabilities on request.

ADA Coordinator for the Clerk of Superior Court in Maricopa County:

Jessica J. Fotinos
620 W Jackson St DJC/GC
Phoenix, AZ 85003
602-506-2309
Fax 602-506-7684

For information about the **Clerk of the Superior Court's** Title II ADA policy, read the Clerk's Notice of Access Information for Persons with Disabilities Policy.

For information about the **Maricopa County Superior Court's** Title II ADA policies, read Maricopa County Superior Court's Notice of Court Access Information for Persons with Disabilities.

The Clerk's Notice is also available at the Clerk's Office and on request from the ADA Coordinator.

Name of Complainant:

Address:

Telephone Number:

Nature of Disability:

Name, Address, and Telephone Number of Alternate Contact Person:

Location of Alleged Discrimination:

Date and Time of Alleged Discrimination:

Please describe the way in which you believe you were denied the benefit, service, program, or activity of the Clerk, or have otherwise been subject to discrimination as a person with a disability by the Clerk.

Please state, if known, the names or positions of any Clerk employees involved in the incident, as well as names, addresses, and telephone numbers of any witnesses to any such incident, if necessary.

Print Form