

**LEHIGH COUNTY COURT SYSTEM TITLE II ADA REASONABLE ACCOMMODATION
GRIEVANCE COMPLAINT FORM**

Grievant Information

Name of Individual Making the Complaint: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Telephone No.: _____ Evening Telephone No.: _____

Complete the following section if the complaint is being filed by a person other than the individual making the complaint:

Complaint filed by: _____

Title (if appropriate): _____

Firm (if appropriate): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Telephone No.: _____ Evening Telephone No.: _____

Court Service, Program or Facility Allegedly in Violation

Date of Alleged Violation _____

Location of Alleged Violation _____

Description of Alleged Violation and Requested Remedy

This section is for court use only:

Date filed: _____