



**Eighth Judicial Circuit
Americans with Disabilities Act of 1990
Statement of Grievance Form**

Complainant : _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address: _____

Date aggrieved action occurred: _____

Name and location of program or service involved which is the subject of the complaint:

Description of violation: _____

Requested action to remedy violation:
