

**OFFICE OF THE STATE COURT ADMINISTRATOR
AMERICANS WITH DISABILITIES ACT
GRIEVANCE FORM**

Complainant Name		Date	
Address			
City		State	Zip Code
Home Phone		Alternate Phone	
Court-Department - City and State Location			

Description of the alleged violation *(please be specific and include all necessary information such as accommodation denied, date and time of incident, name and phone number of any Colorado Judicial Department employee you had interaction with, name and phone number of any witnesses, etc.)*

***I require alternative means of filing my complaint.
Please contact me at one of the phone numbers below to make arrangements.***

Phone Number		Alternate Number	
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Mail this form to:

Eric Brown
Director of Human Resources
1300 Broadway, Suite 1200
Denver, CO 80203
720-625-5000

**Form should be received no later than
60 calendar days after the alleged violation.**