

THURSTON COUNTY SUPERIOR COURT

ADA Grievance Form

You may use this form to file a complaint alleging discrimination based on disability in the provision of services, activities, programs, or benefits by the Thurston County Superior Court under Title II of the Americans with Disabilities Act of 1990 ("ADA"). If you do not want to use this form, you may instead submit a letter with the same information requested below. **Do not use this form to make an initial request for an ADA accommodation.**

Complainant name:

Address:

Phone:

Email:

☐ Check this box if you are filling out this form on behalf of someone else. What is your name and relationship to the Complainant?

Describe your complaint. Include relevant details, such as the date, location, persons involved, witnesses, etc. You may attach additional pages and other relevant documents.

What remedy or resolution do you want? (Use additional pages if necessary)

Date Signed: _____

(Print Name of Person Completing Form)

(Signature of Person Completing Form)

Return by: Email to AccessibilitySuperiorCourt@co.thurston.wa.us

Or by mail/in person to: ADA Coordinator

Thurston County Superior Court

2000 Lakeridge Drive SW, Bldg. 2

Olympia, WA 98502