

**EXHIBIT D.2
STATE OF ILLINOIS
TENTH JUDICIAL CIRCUIT TAZEWELL COUNTY**

**American with Disabilities Act
Grievance Form**

Date: _____

Name of grievant: _____

Address: _____

Daytime Phone Number: _____ E-mail: _____

Type of accommodation requested: _____

Description of the alleged violation (please be specific): _____

Please send a copy of the completed grievance form to:

Tazewell County Courthouse
Court Disability Coordinator
342 Court St
Pekin, IL 61554
Or by e-mail to: prichmond@tazewell-il.gov
Phone: (309) 477-2201 TDY: (800) 526-0844

Signature: _____

Print Name: _____

Date: _____