

**EXHIBIT D.5
STATE OF ILLINOIS
TENTH JUDICIAL CIRCUIT STARK 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:

Stark County Courthouse
Court Disability Coordinator
130 W. Main St.
Toulon, IL 61483

Or by e-mail to: circuitclerk@starkco.illinois.gov

Phone: (309) 286-5941 TDD: (800) 526-0844

Signature: _____

Print Name: _____

Date: _____