

**EXHIBIT D.1  
STATE OF ILLINOIS  
TENTH JUDICIAL CIRCUIT PEORIA 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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please send a copy of the completed grievance form to:**

Peoria County Courthouse  
Court Disability Coordinator  
324 Main Street - Room 215  
Peoria, IL 61602

Or by e-mail to: [disabilitycoordinator@peoriacounty.org](mailto:disabilitycoordinator@peoriacounty.org)

Phone: (309) 672-6047 TDD: (800) 526-0844

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_