Americans With Disabilities Act (ADA) Appeal Form

Directions

1. This form may be used by anyone who has previously submitted a grievance to a Delaware Judicial Branch Court ADA Coordinator, alleging discrimination on the basis of disability with regards to services, programs, or benefits of the Delaware Judicial Branch.

2. If you need additional space to answer any of the following questions, please attach additional pages as necessary.

3. Include relevant documentation with the completed form, including copies of the original request, the Court ADA Coordinator's response, your grievance form, and the associated response.

4. Send the completed form to the Administrative Office of the Courts (AOC) ADA Coordinator. If an alternative method of submitting an appeal is needed, the AOC ADA Coordinator can provide alternatives. The AOC ADA Coordinator can be reached at InfoADA@delaware.gov.

Contact Information

Name: _____

Address: _____

Email: _____

Phone: _____

Form continues on the next page.

Incident Information

Provide a detailed description of the alleged disability-related discrimination, including names or any court personnel involved:

Please state what you think should be done to resolve the grievance:

Signature

Date of Signature