

Mohave County Courts Grievance Form - ADA

This form is for use by any user of the Mohave County Court system – including, but not limited to, parties, attorneys, jurors, witnesses, or members of the public – who believes that he or she has been subject to discrimination by the Mohave County Courts based on a disability in violation of Title II of the Americans with Disabilities Act (“ADA”). This form must be submitted to the ADA Coordinator within sixty (60) days of the alleged discrimination.

Please fill out this form in detail and mail it to the ADA Coordinator, at the following address:

Lorrie Back, Administrative Program Specialist - Superior Court
P.O. Box 7000
401 E. Spring Street
Kingman, AZ. 86402
928-753-0790 x4391

If assistance is needed to complete this form, the ADA Coordinator will be available to help you, upon request. Alternative means of submitting this form, such as by personal interview or by tape recording, will be made available to qualified individuals with disabilities, upon request.

Name of Complainant: _____

Address: _____

Telephone Number: _____

Nature of Disability: _____

Name, Address and Telephone Number of Alternate Contact Person:

Court/Division Alleged to have Denied Access: _____

Location of Alleged Discrimination: _____

Date/Time of Alleged Discrimination: _____

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Please describe the particular way in which you believe you have been denied the benefit, service, program or activity of the Mohave County Courts, or have otherwise been subject of discrimination as a person with a disability, by the Mohave County Courts.

Please state, if known, the names/positions of any Mohave County Court employees involved in the incident, as well as the names, addresses and telephone numbers of any witnesses to any such incident, if available.

Please attach all documentation that you believe to be relevant to this grievance.