

1 Twentieth Judicial Circuit of Florida
2 Americans with Disabilities Act of 1990
3 Statement of Grievance

4 Name of Complainant: _____

5 Address: _____

6 City: _____

7 State: _____ Zip Code: _____

8 Day Telephone: _____

9 Evening Telephone: _____

10 Complete the following section if the complaint is being filed by a
11 person other than the individual making the complaint:

12
13 Complaint Filed By: _____

14 Title (if appropriate): _____

15 Firm (if appropriate): _____

16 Address: _____

17 City: _____

18 State: _____ Zip Code: _____

19 Day Telephone: _____

20 Evening Telephone: _____

21 -----
22

23 *Date Filed:* _____ *Time Filed:* _____

24
25 *Complaint Taken By:* _____

26 *Staff Person's Name*

27 **Complainant's Last Name:** _____

28 1. Name the court or court facility in which the violation is alleged to
29 have occurred:

30 _____

31 2. Describe what happened that led to the decision to file this
32 complaint. (If necessary, use an additional page to complete the
33 statement.):

34 _____

35 _____

36 _____

37 _____

38 _____

39 _____

40 _____

41 _____

42 _____

43 _____

44 _____

45 _____

46 _____

47 _____

48 _____

49 **Complainant's Last Name:** _____

50 3. State the desired remedy or the solution requested:

51 _____

52 _____

53 _____

54 _____

55 _____

56 _____

57 _____

58 _____

59 _____

60 _____

61 _____

62 _____

63 _____

64 _____

65 _____

66 4. List those witnesses who can provide information that supports
67 or is relevant to your complaint:

68
69 **Witness:** _____

70
71 Address: _____

72
73 City: _____

74
75 State: _____ Zip Code: _____

76
77 Day Telephone: _____

78
79 Evening Telephone: _____

80
81 **Witness:** _____

82
83 Address: _____

84
85 City: _____

86
87 State: _____ Zip Code: _____

88
89 Day Telephone: _____

90
91 Evening Telephone: _____

92
93 **Witness:** _____

94
95 Address: _____

96
97 City: _____

98
99 State: _____ Zip Code: _____

Day Telephone: _____

Evening Telephone: _____