

**SUPREME COURT OF OHIO**

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**AMERICANS WITH DISABILITIES ACT (ADA)  
WRITTEN GRIEVANCE FORM**

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This form may be used by any person who believes that he or she has been the subject of disability-related discrimination by the Supreme Court of Ohio. Alternative methods of submitting a grievance are available, please contact the ADA Coordinator.

*Person filing grievance:*

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Date and location of alleged disability-related discrimination:* \_\_\_\_\_

*Please provide a detailed description of the alleged disability-related discrimination:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please use back of form if additional space is needed)

*Please provide the names and/or positions of any court personnel involved:* \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person filing grievance

\_\_\_\_\_  
Date

*Send completed form to:*

**Christine Kidd  
ADA Coordinator for the  
Supreme Court of Ohio  
65 South Front Street, 7th Floor  
Columbus, Ohio 43215-3431**

**Phone: 614.387.9470**

**Fax: 614.387.9479**

**Christine.Kidd@sc.ohio.gov**