

Americans with Disabilities Act of 1990 Statement of Grievance

Please provide the following information so we can further assist you.

Complainant's Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ Cell: () _____ Fax: () _____

E-mail Address: _____

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

Other/Complaint Filed by

Full Name: _____
Last First Title Firm (if applicable)

Address: _____
Street Address Apartment/Unit #/Suite

_____ *City State ZIP Code*

Phone: () _____ Cell: () _____ Fax: () _____

E-mail Address: _____

State the Desired Remedy or the Solution Requested

Location: _____
Name the court or court facility in which the violation is alleged to have occurred

Describe What Happened That Led to the Decision to File This Complaint

Witness

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #/Suite


2nd Judicial Circuit

City _____ State _____ ZIP Code _____
Phone: () _____ Cell: () _____ Fax: () _____
E-mail Address: _____

Witness

Full Name: _____
Last First Middle
Address: _____
Street Address Apartment/Unit #/Suite
City _____ State _____ ZIP Code _____
Phone: () _____ Cell: () _____ Fax: () _____
E-mail Address: _____

Witness

Full Name: _____
Last First Middle
Address: _____
Street Address Apartment/Unit #/Suite
City _____ State _____ ZIP Code _____
Phone: () _____ Cell: () _____ Fax: () _____
E-mail Address: _____

Witness

Full Name: _____
Last First Middle
Address: _____
Street Address Apartment/Unit #/Suite
City _____ State _____ ZIP Code _____
Phone: () _____ Cell: () _____ Fax: () _____
E-mail Address: _____

This section is for court use only:

I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or omission of information requested will be grounds for refusal of appointment or dismissal.

Name: _____ Time: _____



2nd Judicial Circuit

Staff Person's name taking complaint if applicable

Date: _____

Please submit form to:

**Paula Watkins
2nd Judicial Circuit
301 South Monroe Street
Tallahassee, FL 32301**