

**Arizona Court of Appeals, Division One
Grievance Procedure under
The Americans with Disabilities Act**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, or programs by the **Arizona Court of Appeals, Division One**.

The **Arizona Court of Appeals, Division One** 's Personnel Policy governs employment-related complaints of disability discrimination.

Complaints should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Tracy Randall, ADA Coordinator
Arizona Court of Appeals, Division One
1501 West Washington Street, Suite 203
Phone: (602) 452-6708
Fax: (602) 452-3226
hr@appeals.az.gov

Within 15 calendar days after receipt of the complaint, **Tracy Randall** or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, **Tracy Randall** or her designee will respond in writing, and where appropriate, in a format accessible to the complainant. The response will explain the position of the **Arizona Court of Appeals, Division One** and offer options for substantive resolution of the complaint.

For more information, please refer to the Arizona Court of Appeal, Division One ADA Court Access Accommodation Requests and Grievance Procedures Policy.

All written complaints received by **Tracy Randall** or her designee will be retained by the **Arizona Court of Appeals, Division One** for at least three years.

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**Arizona Court of Appeals, Division One
ADA Grievance Form**

Section 1. Contact Information

First Name:

Last Name:

Phone Number:

Email Address:

Street Address:

City:

State:

Zip:

Section 2. Complainant Information

Are you filing this complaint on your own behalf?

Yes

No

If yes, skip to Section 3.

If NO, please provide the following contact information for the person discriminated against:

First Name:

Last Name:

Phone Number:

Email Address:

Street Address:

City:

State:

Zip:

Section 3. Incident Description

Date of alleged discrimination:

Location of the alleged discrimination:

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Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons, programs and or services involved.

Section 4. Incident Information

Please list any and all witnesses' names and phone numbers/contact information:

Have you discussed your complaint with a Court of Appeals employee?

Yes

No

If yes, provide the name(s) and position(s):

Have you filed your complaint with a federal, state, or local agency, or with a federal or state court?

Yes

No

You may attach any written materials or other information you think is relevant to your complaint.

By signing below, I affirm that the above is true to the best of my knowledge, information, and belief.

Printed Name

Date

Signature