

**IDAHO COURTS  
AMERICANS WITH DISABILITIES ACT  
GRIEVANCE FORM**

<b>Name</b>		<b>Date</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>		<b>Alternate Phone</b>
<b>Court Location - City</b>		
<b>Description of the alleged violation</b> <i>(please be specific and include all necessary information such as accommodation denied, date and time of incident, name and phone number of any Idaho Court's employee you had interaction with, name and phone number of any witnesses, etc.)</i>		
<p><b><i>I require alternative means of filing my complaint. Please contact me at one of the phone numbers below to make arrangements.</i></b></p>		
<b>Phone Number</b>	<b>Alternate Number</b>	
<p><b>Send this form to:</b></p> <p>Andrea Patterson  Human Resource Director/ADA Coordinator  P. O. Box 83720  Boise ID 83720  <a href="mailto:hr@idcourts.net">hr@idcourts.net</a>  208-947-7463 (facsimile)</p> <p><b>Form should be submitted no later than 30 calendar days after the alleged violation.</b></p>		