Americans with Disabilities Act (ADA) Oregon Judicial Department Noncompliance or Discrimination Complaint Form

You may use this form to initiate an OJD internal grievance procedure to investigate and resolve complaints alleging that a state court or an office of the State Court Administrator has not complied with the ADA.

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1.	Date of Complaint:		
2.	Complainant's Name:		
	Contact Name:	Relation to Complainant:	
	Mailing Address:		
		Email Address:	
	TTY:	Fax No.:	
	Please list preferred contact method:		
3.	your ADA request: Need help locating the name and I Click here → Court Information Finde Click here for → Supreme Court; Clic Click here for Administration → Office	k here for → Court of Appeals; Click here for → Tax Court. e of the State Court Administrator. Iministrator's Office at 503-986-5500 for assistance in locating	
	☐ Submittal: You may print this form, fill it out, and Coordinator for the location. Click or	d submit it in person, by fax, or by US Mail to the local ADA in the following link to access the ADA Coordinator list and it. You may also call the court or OJD office for the name and	

B. ALLEGED VIOLATIONS

	Describe briefly, but with sufficient detail, the circumstances of the alleged violation of the ADA requirements (how the circuit court or OJD office has not complied with the ADA). Indicate the date, place, and nature of the occurrence. Include the names, if known, of any judge(s) or employee(s) involved, and
	the names of any persons witnessing the event. Attach additional pages if necessary:
C.	RECOMMENDED ACTION
	Indicate recommended corrective action that may resolve the alleged violation(s):
D.	SIGNATURE OF (check one)
	□ Complainant □ Representative
	Signed by (please type name): Date:
Ε.	FOR COURT / OJD OFFICE ACTION
	Received: Assigned to: Name
	Date Name
NC	TES:
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