



**ARIZONA SUPERIOR COURT IN PIMA COUNTY
AMERICANS WITH DISABILITIES ACT
GRIEVANCE FORM**

Complainant Name		Date	
Address			
City		State	Zip Code
Home Phone		Alternate Phone	

PLEASE FILL OUT THE DESCRIPTION BOX BELOW OR IF YOU REQUIRE ALTERNATIVE MEANS OF FILING, PLEASE CHECK THE BOX BELOW.

Description of the alleged violation *(please be specific and include all necessary information such as accommodation denied, date and time of incident, name and phone number of any court employee you had interaction with, name and phone number of any witnesses, etc.)*

I require alternative means of filing my complaint.

Please contact me at one of the phone numbers listed below to make arrangements.

Phone Number		Alternate Number	
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Mail this form to:

Hon. Danelle Liwski
Presiding Judge
110 W. Congress, 8th flr., Tucson AZ 85701
(520) 724-3527

Form should be received no later than 60 calendar days after the alleged violation.