



NEBRASKA JUDICIAL BRANCH

Americans with Disabilities Act (ADA) Grievance Form

1. Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

1. Date the alleged discriminatory act or decision occurred: _____

2. Court/Probation location and name of the court/probation program or service involved that is the subject of this grievance.

Court/Probation location: _____

Name of program or service: _____

3. Type of accommodation requested:

4. Describe the alleged discriminatory act or decision (please be specific):

I certify that the above information is accurate (required)

Signature of Grievant

Date signed

Please submit or copy and mail the completed grievance form to:

ADA Coordinator

Amy Prenda

State Capitol, Room 1213

Lincoln, NE 68509

Phone: 402-471-3730

admin.adacoordinator@nejudicial.gov