

MARICOPA COUNTY JUSTICE COURTS

ADA Grievance Form

For use when your request has been denied

Please fill out as completely as possible



Complainant Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Alternate Contact Person (not required):

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please describe the nature of your disability:

Please describe the request you made (or include a copy of your initial request):

About the alleged denial:

Which Justice Court:

Denied by (name): _____ Date: _____

Reason given:

Today's date

Signature

Click the button to send as an email attachment, or mail/fax completed form to:

Maricopa County Justice Courts
ADA Coordinator
222 N. Central Ave Suite 210
Phoenix, AZ 85004
Fax: 602-372-8524