State of Maryland Judiciary
Americans with Disabilities Act
Grievance Form

Name: .....

Address: .....

.....

Phone Number(s): Work ..... Cell ..... Home .....

Case Number: .....

Please describe the original ADA Accommodation requested and the reason for the request:

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.....

Please describe the alleged discrimination which denied you the provision of services, activities, programs, or benefits with the Maryland Judiciary: .....

.....

.....

Please provide the location of the Court/Agency where the above described incident took place and the date of the incident: .....

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What would you like to see happen? .....

.....

.....

☐ I request that this information be kept confidential to the extent allowed by law.

This form should be submitted to the Fair Practices Department as soon as possible, but no later than **120 calendar days** after the alleged violation.

I certify that to the best of my knowledge this information is true and correct.

Type or Print Name	Date	Signature

Fair Practices Department
580 Taylor Ave., A-4
Annapolis, Maryland 21401
Office: 410-260-3679 Maryland Relay: 711
Fax: 410-260-3505
fairpractices@mdcourts.gov