



# NEBRASKA JUDICIAL BRANCH

## Americans with disabilities Act (ADA) Grievance Form

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

2. Date the alleged discriminatory act or decision occurred: \_\_\_\_\_

3. 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: \_\_\_\_\_

4. Type of accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_

5. 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  
Judy Beutler  
State Capitol, Room 1213  
Lincoln, NE 68509  
Phone: 402-471-2921  
judy.beutler@nebraska.gov