



# 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: 402-471-2921  
amy.prenda@nejudicial.gov