



# Judiciary of Guam



## ADA Accommodation Complaint Form

Please complete this form and submit it to the Judiciary of Guam's Alternate ADA Coordinator by e-mail at [ada@guamcourts.gov](mailto:ada@guamcourts.gov)

You can also hand-deliver this form or make a complaint about the current Alternate ADA Coordinator to the Human Resources Office at the main courthouse in Hagatna.

Last Name:	First Name:	Middle Initial:

Mailing Address: \_\_\_\_\_

Phone:	E-Mail Address:

### Discrimination Information

Date Accommodation Request Submitted:	
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Date of Accommodation Denial:	
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What accommodation did you request?  
 \_\_\_\_\_

Statement of Complaint (clearly state all grounds for appeal; attach additional sheets as necessary):  
 \_\_\_\_\_

Additional comments/information:  
 \_\_\_\_\_

By signing below, I affirm that I have reviewed this reasonable accommodation complaint and that it is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patron with a Disability

The Judiciary of Guam does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, disability, age, or any other protected classification under federal or local law in the delivery of services (inclusive of educational programs and activities) to program participants and beneficiaries, employees, applicants, and others.  
To request for an accommodation or assistance, contact the Judiciary's Alternate ADA Coordinator by phone (671)475-3191 or by e-mail at [ada@guamcourts.gov](mailto:ada@guamcourts.gov)

### FOR JUDICIARY OF GUAM USE:

Date Complaint Received: \_\_\_\_\_

Name & Signature of Staff Receiving Complaint: \_\_\_\_\_

Determination of Complaint: \_\_\_\_\_

Date of Notification of Determination: \_\_\_\_\_