

Judiciary of Guam

ADA Accommodation Complaint Form



Please complete this form and submit it to the Judiciary of Guam's ADA Coordinator by e-mail at ada@guamcourts.gov

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

Last Name:	First Name:	Middle Initial:
Mailing Address:		
Maining Address.		
Phone:	E-Mail Address:	
Discrimination Information		
Date Accommodation		
Request Submitted: Date of Accommodation		
Denial:		
What accommodation did you reques	st?	
Statement of Complaint (clearly state	e all grounds for appea	al; 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 F	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,		
to program	participants and beneficiaries, e	very of services (inclusive of educational programs and activities) employees, applicants, and others.
To request for an accommodation or a	assistance, contact the Judiciary ada@guamcou	y's ADA Coordinator by phone 671-475-3374 or by e-mail at rts.gov
FOR JUDICIARY OF GUAM USE:		
Date Complaint Received:		
Name & Signature of Staff Receiving Complaint:		
Determination of Complaint:		
Date of Notification of Determination:		