

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.

Coordinator to the	e Human Resources Office	e at the main countilot	изе III пауаша.
Last Name:	First Name:	Mic	ldle Initial:
Mailing Address:			
-			
Phone:	E-Mail Address:		
Discrimination Information			
Date Accommodation			
Request Submitted: Date of Accommodation			
Date of Accommodation Denial:			
What accommodation did you reques	st?		
Statement of Complaint (clearly state	e all grounds for appea	l; attach additional	sheets as necessary):
Additional comments/information:			
By signing below, I affirm that I have to the best of my knowledge, inform		nable accommodation	on complaint and that it is true
			
Date	Signature of P	Patron with a Disabi	lity
The Judiciary of Guam does not discrimina or any other protected classification under to program To request for an accommodation or a	federal or local law in the deliveranticipants and beneficiaries, e	ery of services (inclusive of employees, applicants, and 's ADA Coordinator by phor	f educational programs and activities) others.
FOR	JUDICIARY OF	GUAM USE:	
Date Complaint Received:			
Name & Signature of Staff Receiving	g Complaint:		
Determination of Complaint:			
Date of Notification of Determinatio	n:		