**Complaint Regarding an Accommodation Provided by an Iowa Court Pursuant to the Americans with Disabilities Act (ADA) or section 504 of the Rehabilitation Act of 1973**

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| 1. Name of person submitting this complaint: | |
| 2. City and state where you live: | |
| 3 Day-time phone number: | |
| 4 Email address: | |
| 5. County where the court proceeding or event occurred that led to this complaint: | |
| 6. Date(s) when the court proceeding or event occurred that led to this complaint: | |
| 7. Case number (if the accommodation was needed to participate in or observe a court proceeding): | |

8. Describe what occurred that led you to submit this complaint:

Attach additional pages or documents, if necessary.

Signature of person filing this complaint _____ Date _____

**Instructions:** Complete this form and deliver it to John Goerdt, Disability Access Policies Coordinator:

- **Regular mail** to: Judicial Branch Building, 1111 East Court Ave., Des Moines, IA 50319
- **Fax** to: (515) 348-4914
- **Email** to: ada@iowacourts.gov

***Process:*** The Disability Access Policies Coordinator will review the complaint, discuss it with the complainant, investigate the allegation(s), and provide a written response to complainant within 15 work days after receipt of the complaint. Complainant may appeal the written response/decision from the Disability Access Policies Coordinator by submitting a written appeal to the State Court Administrator (SCA) within 15 work days after complainant receives the written response. Submit the appeal to the SCA at the regular mail address or fax number above, or email it to: tina.schweitzer@iowacourts.gov. Include a written explanation for the appeal and any supporting documents. The SCA will submit a written decision on the appeal within 15 work days after receipt of the appeal.

(2019 v2)