

**Americans with Disabilities Act (ADA)  
Oregon Judicial Department Noncompliance or Discrimination Complaint Form**

You may use this form to initiate an OJD internal grievance procedure to investigate and resolve complaints alleging that a state court or an office of the State Court Administrator has not complied with the ADA.

**A. CONTACTS**

1. Date of Complaint: \_\_\_\_\_
2. Complainant's Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relation to Complainant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
TTY: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Please list preferred contact method: \_\_\_\_\_
3. Name and location of the circuit court or Oregon Judicial Department (OJD) office that did not comply with your ADA request: \_\_\_\_\_  
\_\_\_\_\_

**Need help locating the name and location of the court or OJD Office?**

Click here → [Court Information Finder](#) for Circuit Courts.

Click here for → [Supreme Court](#); Click here for → [Court of Appeals](#); Click here for → [Tax Court](#).

Click here for Administration → [Office of the State Court Administrator](#).

You may also call the State Court Administrator's Office at 503-986-5500 for assistance in locating the name, location, and contact information for the court or OJD office.

**Submittal:**

You may print this form, fill it out, and submit it in person, by fax, or by US Mail to the local ADA Coordinator for the location. Click on the following link to access the ADA Coordinator list and contact information [ADA coordinator](#). You may also call the court or OJD office for the name and contact information of the ADA Coordinator.

Or you have the option of submitting an online ADA Complaint. Click here → [OJD Accessibility & ADA webpage](#) to access the online ADA Complaint.

**B. ALLEGED VIOLATIONS**

Describe briefly, but with sufficient detail, the circumstances of the alleged violation of the ADA requirements (how the circuit court or OJD office has not complied with the ADA). Indicate the date, place, and nature of the occurrence. Include the names, if known, of any judge(s) or employee(s) involved, and the names of any persons witnessing the event. Attach additional pages if necessary:

---

---

---

---

---

**C. RECOMMENDED ACTION**

Indicate recommended corrective action that may resolve the alleged violation(s):

---

---

---

---

---

**D. SIGNATURE OF (check one)**

Complainant                       Representative

Signed by (please type name): \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**E. FOR COURT / OJD OFFICE ACTION**

Received: \_\_\_\_\_ Assigned to: \_\_\_\_\_  
Date Name

NOTES: \_\_\_\_\_

---

---

---