

**STATE OF ILLINOIS  
THIRTEENTH JUDICIAL CIRCUIT – LASALLE, BUREAU & GRUNDY COUNTY**

**Americans with Disabilities  
Grievance Form**

Date: \_\_\_\_\_

Name of grievant: \_\_\_\_\_

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

Daytime phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of accommodation requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the alleged violation (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send a copy of the completed grievance form by mail to:

Court Disability Coordinator  
Mary Romanelli Dremann  
700 South Main St  
Princeton IL 61356

Or by email to: [mdremann@bureaucounty-il.gov](mailto:mdremann@bureaucounty-il.gov)

Phone: (815) 872-2001

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_