NARYLAND TUDICIAR	State of Maryland Judiciary Americans with Disabilities Act Grievance Form	
Name:		
Address:		
Phone Number(s): Work		Home
Case Number:		
Please describe the original A	DA Accommodation requested and the reason fo	or the request:
	scrimination which denied you the provision of s diciary:	
the incident:	the Court/Agency where the above described in	-
	uppen?	
*	ion be kept confidential to the extent allowed by I to the Fair Practices Department as soon as pos	
<b>120 calendar days</b> after the al	1 I I I I I I I I I I I I I I I I I I I	sible, but no later than
I certify that to the best of my	knowledge this information is true and correct.	
Type or Print Name	Date	Signature
	Fair Practices Department 187 Harry S. Truman Parkway, 5 <sup>th</sup> Floor Annapolis, Maryland 21401 Office: 410-260-3679 Maryland Relay: 711 F = 410-260 J711	

711 Fax: 410-260-1711 fairpractices@mdcourts.gov

CC-DC-050 (Rev. 09/2019)