

## COCHISE COUNTY SUPERIOR COURT ADA GRIEVANCE FORM

<b>Complainant Name</b>		<b>Date</b>			
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Home Phone</b>			<b>Alternate Phone</b>		

PLEASE FILL OUT THE DESCRIPTION BOX BELOW OR IF YOU REQUIRE ALTERNATIVE MEANS OF FILING, PLEASE CHECK THE BOX BELOW.

**Description of the alleged violation** *(please be specific and include all necessary information such as accommodation denied, date and time of incident, name and phone number of any court employee you had interaction with, name and phone number of any witnesses, etc.)*

*I require alternative means of filing my complaint.*

*Please contact me at one of the phone numbers listed below to make arrangements.*

<b>Phone Number</b>		<b>Alternate Number</b>	
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**Mail or email this form to:**

Cochise County Superior Court  
Court Administration  
P.O. Box 204, Bisbee, AZ 85603  
(520) 432-8500

**Email:** [courtservices@cochise.az.gov](mailto:courtservices@cochise.az.gov)