

**THIRTY-FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA**  
**AMERICANS WITH DISABILITIES (TITLE II) ACT GRIEVANCE PROCEDURE**

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities by the Thirty-fifth Judicial District of Pennsylvania (Mercer County). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact the ADA coordinator:

Bo D. McCleary, District Court Administrator  
Third Floor, Mercer County Courthouse  
North Diamond Street  
Mercer, Pennsylvania 16137  
Tel. No. 724 662-3800 ext. 2516

To file a complaint under the Grievance Procedure please take the following steps:

1. Complete the complaint form and return to the ADA Coordinator. Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.
2. Within fifteen (15) calendar days of receipt of the complaint, the ADA Coordinator will investigate the complaint, including, meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, the ADA Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the Thirty-fifth Judicial District of Pennsylvania and offer options for substantive resolution of the complaint.
3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to:

President Judge Daniel P. Wallace  
Third Floor, Mercer County Courthouse  
North Diamond Street  
Mercer, Pennsylvania 16137

Within fifteen (15) calendar days after receipt of the appeal, the President Judge will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

The Pennsylvania Unified Judicial System (UJS) Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.



**APPENDIX B**

**THIRTY-FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA**

**AMERICANS WITH DISABILITIES ACT (ADA) TITLE II  
GRIEVANCE FORM**

**Grievant Information**

Grievant Name: \_\_\_\_\_ Home Phone (include area code): \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone (include area code): \_\_\_\_\_

Mobile Phone (include area code): \_\_\_\_\_

**Alternative Contact Person (other than Grievant)**

Name: \_\_\_\_\_ Home Phone (include area code): \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone (include area code): \_\_\_\_\_

Relationship To Client: \_\_\_\_\_

**Court Service, Program or Facility Allegedly in Violation**

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes      No

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (include area code): \_\_\_\_\_

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

Other Comments

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