

**DISTRICT COURT
FOURTH JUDICIAL DISTRICT
STATE OF IDAHO**

Americans with Disabilities Act

Complaint Form

Alternative means for filling this complaint may be available, upon request.
To make a request, contact the Trial Court Administrator's Office at (208) 287-7500.

Complainant's Information:

Name: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email address: _____

Description of the Alleged Violation	
Date and time of the incident:	
Location where it happened:	
Name of any employee involved:	
Accommodation Requested:	
Date when the request was made:	
Description of the incident: (Please be as specific as possible in providing the information).	
Where there any witnesses present? If so, kindly provide their name and phone number.	

Mail or deliver this form to:

Sandra Barrios
Trial Court Administrator
Ada County Courthouse
200 W. Front St, Room # 4171
Boise Idaho, 83702

If submitting by e-mail: tca@adacounty.id.gov

Office Use Only

Complaint received by:

Employee's Printed Name

Date