



Accommodation Complaint / Grievance

Your Name: _____

Date Accommodation Requested: _____, 20____

Court Location: _____ Docket Number: _____

Accommodation(s) Requested:

Accommodation Received:

Please provide a summary of your complaint below and attach additional pages as needed.

Signature _____ Date: _____, 20____

Phone Number(s): _____ Email: _____

Address: _____

Submit this form to:
Court Access Coordinator
Administrative Office of the Courts
PO Box 4820, Portland ME 04112
Phone: (207) 822-0718
TTY: Maine Relay 711
accessibility@courts.maine.gov