

**AMERICANS WITH DISABILITIES ACT (TITLE II) GRIEVANCE PROCEDURE**  
**MONTGOMERY COUNTY COURT OF COMMON PLEAS**

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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 Unified Judicial System (UJS). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact:

**Shannon S. Santos, ADA Coordinator**  
**Court Administration**  
**P.O. Box 311**  
**Norristown, PA 19404**  
[shannon.santos@montgomerycountypa.gov](mailto:shannon.santos@montgomerycountypa.gov)  
610-278-5936 (phone)  
610-278-1233 (fax)

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

1. Complete the complaint form (Appendix B) and return to Shannon S. Santos, ADA Coordinator (address/contact information noted above). 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 resolution. 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 Montgomery County Court of Common Pleas 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 Michael R. Kehs, Esq., District Court Administrator, P.O. Box 311, Norristown, PA 19404. Within fifteen (15)

calendars days after receipt of the appeal, the District Court Administrator will meet with the complainant to discuss the complaint and possible resolution. Within fifteen (15) calendar days after the meeting, the District

4. Court Administrator 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 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 Non-Discrimination and Equal Employment Opportunity.



**APPEDEX B**

UNIFIED JUDICIAL SYSTEM 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 government agency or court? (*check one*)

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: \_\_\_\_\_