

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本, 仅供参考. 为了提供便利, 表格采用双语格式, 但向法院提交的表格必须用英语填写。



State of Maryland Judiciary  
Americans with Disabilities Act  
Grievance Form

马里兰州司法部  
《美国残障人法案》  
投诉表

Name (姓名): -----

Address (地址): -----

Phone Number(s) (电话号码):  
Work (工作) ----- Cell (手机) ----- Home (住宅) -----

Case Number (案件号码): -----

Please describe the original ADA Accommodation requested and the reason for the request (请描述最初《美国残障人法案》(ADA) 便利设施申请以及申请原因):  
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Please describe the alleged discrimination which denied you the provision of services, activities, programs, or benefits with the Maryland Judiciary (请描述拒绝向您提供马里兰州司法部开展的服务、活动、计划或福利的指称歧视行为):  
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Please provide the location of the Court/Agency where the above described incident took place and the date of the incident (请提供以上事件发生的法院/机构所在地点和事件发生日期):  
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What would you like to see happen? (您希望采取哪些措施?) -----  
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I request that this information be kept confidential to the extent allowed by law.  
我请求在法律许可的范围内对本信息保密。

This form should be submitted to the Fair Practices Department as soon as possible, but no later than **120 calendar days** after the alleged violation.  
应尽快将本表送交给公平方法部 (Fair Practices Department), 但不应迟于指称违规行为发生后 **120 个日历日**。

I certify that to the best of my knowledge this information is true and correct.  
我保证, 据我所知此处的信息准确无误。

Type or Print Name  
用打字或大写字母填写姓名  
Date  
日期  
Signature  
签名

Fair Practices Department  
(公平方法部)  
580 Taylor Ave., A-4  
Annapolis, Maryland 21401  
Office (办公室): 410-260-3679  
Maryland Relay (马里兰州中继服务): 711  
Fax (传真): 410-260-3505  
fairpractices@mdcourts.gov