



DISTRICT COURT ADMINISTRATOR

43RD JUDICIAL DISTRICT

MONROE COUNTY COURTHOUSE

STROUDSBURG, PA 18360

John J. Goldner

District Court Administrator

(570) 517-3009

FAX (570) 517-3866

AMERICANS WITH DISABILITIES ACT (TITLE II) GRIEVANCE PROCEDURE FOR THE 43RD JUDICIAL DISTRICT OF PENNSYLVANIA

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) and/or the Forty-Third Judicial District of Pennsylvania (hereinafter "the Court"). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact the ADA Coordinator Deb Rivera via email to garmstrong@monroepacourts.us or by phone at 570-517-3009.

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

1. Complete the complaint form and return to Gregory T. Armstrong, Deputy Court Administrator via email to garmstrong@monroepacourts.us or by mail to 610 Monroe Street, Suite 221, Stroudsburg, PA 18360 by fax at 570-517-3866. 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 Deputy Court Administrator, or designee, 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 Deputy Court Administrator, or designee, 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 Court 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 the District Court Administrator, John J. Goldner. Within fifteen (15) calendar days after receipt of the appeal, the District Court Administrator will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the District 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 Nondiscrimination and Equal Employment Opportunity.



MONROE COUNTY COURT OF
COMMON PLEAS
FORTY-THIRD JUDICIAL DISTRICT

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 (MM/DD/YYYY) and Location of Alleged Violation

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: _____