SUPERIOR COURT OF CALIFORNIA COUNTY OF BUTTE ADA COMPLAINT FORM

The Butte County Superior Court appreciates you taking the time to advise us of your complaint concerning alleged discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Superior Court, County of Butte. This complaint procedure is established in accordance with the requirements of the Americans with Disabilities Act of 1990 (ADA).

Please complete the attached form and return to:

ADA Coordinator
Superior Court of California, County of Butte
One Court Street
Oroville, CA 95965
Telephone: (530) 532-7013

The complaint should be submitted as soon as possible, but no later than 60 calendar days after the incident occurred.

Your complaint will be reviewed in accordance with our complaint processing policy.

Please notify the ADA Coordinator (contact information provided above) if you require an alternative means of submitting your complaint other than in writing.

Upon receipt of your complaint, the court will:

- Review your complaint.
- Determine whether your complaint is a matter that can be addressed by this complaint process, and if so, investigate the complaint.
- Provide you with a written response to your complaint, explaining the court's position, and, if applicable, offering options for resolving the complaint, within 30 calendar days of receiving your complaint. (Upon request to the ADA Coordinator, responses may be presented in another format, such as in person or by telephone.)
- If more than 30 days is required to respond to the complaint, the ADA Coordinator will promptly notify you of the expected date that a written response will be provided.

If you are dissatisfied with the outcome of the decision, you may appeal to the Court Executive Officer by sending the original complaint form along with additional information to support your appeal to:

Court Executive Officer
Re: ADA Complaint
Superior Court of California, County of Butte
One Court Street
Oroville, CA 95965

Appeals must be submitted within 30 calendar days of the date of the ADA Coordinator's decision. Appeals should be in writing, but upon request to the ADA Coordinator may be filed in another format, such as in person or by telephone.) The Court Executive Officer will provide you with a written response within 30 days of the receipt of the appeal. Upon request to the ADA Coordinator, responses may be presented in another format, such as in person or by telephone. If more than 30 days is required to respond to the appeal, the Court Executive Officer will promptly notify you of the expected date that a written response will be provided.

All written complaints, appeals, and responses will be retained by the court for at least three years.

ADA COMPLAINT FORM

Please complete the following items to help us better understand your complaint. This form will not be placed in your court case file.

Today's Date:
Name (please print clearly):
Address:
Email Address:
Telephone Number:
Dates and times of alleged discrimination:
Location of alleged discrimination:
Are you filing the complaint on your own behalf?
☐ Yes ☐ No

Please explain as clearly as possible what happened and why you believe that you were discriminated against. Provide relevant information (use additional pages if necessary).	
What other information do you think is important fo	or us to know?
Signature	Date
Print name	-