



**RHODE ISLAND JUDICIARY**

**AMERICANS WITH DISABILITIES ACT (ADA)**  
**COMPLAINT FORM**

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**Complainant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Complaint Information**

Date(s): \_\_\_\_\_  
Place(s): \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness(es): \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional pages as necessary.*

*Submit this completed form and any additional pages or information to:*

*Tamera N. Rocha, Esq.  
ADA Coordinator  
Noel Judicial Complex  
222 Quaker Lane  
Warwick, Rhode Island 02886*

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*Complainant Signature* *Date*

*Received by:*

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*Signature* *Name/Title* *Date*