

**LANGUAGE ACCESS COMPLAINT**

JD-ES-353 New 5-23

For information on ADA accommodations, contact the Centralized ADA Office at (860) 706-5310 or go to: [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)

**Instructions**

Submit this completed form by e-mail to: [LEP@jud.ct.gov](mailto:LEP@jud.ct.gov) or

by mail to: Interpreter and Translator Services, Superior Court Operations Division, 90 Washington Street, Hartford, CT 06106.

Once the Judicial Branch receives this complaint, the Language Access Officer (or designee) will conduct an investigation.

The complaint should be filed as soon as possible, preferably within thirty (30) calendar days, after the complainant becomes aware of the alleged violation. Explain as clearly as possible what happened. Include how, when, where, and why you believe you have received unsatisfactory service or experienced discrimination. If possible, provide the location, names, and contact information of any witnesses and others involved in the alleged violation. (You may attach additional sheets if necessary).

You are not required to use this form; a letter that provides the same information is sufficient to file your complaint. If you need assistance completing this form, please contact the LEP Coordinator by phone at 860-706-5310.

Name of person filing complaint	E-mail address	Telephone
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Mailing Address

Date of alleged violation	Time of alleged violation	Location of alleged violation
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Describe the alleged violation

Name(s) and contact information of any relevant individuals or witnesses

Signature of person filing complaint (Required)	Name	Date signed
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