

GRIEVANCE/COMPLAINT FILED UNDER THE AMERICANS WITH DISABILITIES ACT

JD-ES-263 Rev. 8-20
28 CFR § 35.107 (b)

This form is available in other language(s).

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



Instructions

File this form with the Director, Human Resource Management Unit, 90 Washington Street, Hartford, Connecticut 06106, (860) 706-5280, no later than ten (10) days after the alleged discriminatory act or decision. Alternative means of filing a grievance/complaint, such as a personal interview or a tape recording of the complaint, will be made available for a person with a disability upon request. Attach additional documents or page(s), if necessary.

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

Name of person filing complaint	Telephone	E-mail (optional)
---------------------------------	-----------	-------------------

Address

Describe the alleged discriminatory act or decision:
(include dates, locations, names, and contact information of witnesses - use additional page(s), if necessary.)

What remedy or solution are you requesting?

Signed (Signature of person filing this complaint)	Date signed
--	-------------

FOR COURT USE ONLY

- The complaint is dismissed.
- The following resolution is offered: _____

- The matter is concluded.
- The matter is not concluded.
- The complainant has been told about federal and state agencies that are available to pursue the matter further.

Additional Comments:

Director of the Human Resource Management Unit, or Director's Designee

► _____ Dated _____