

**GRIEVANCE/COMPLAINT
(SUPREME COURT OR APPELLATE COURT)
FILED UNDER THE AMERICANS WITH DISABILITIES ACT**

JD-ES-280 Rev. 11-20
28 CFR §35.107 (b)

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



This form is available in other language(s).

Instructions

File this form with the Chief Administrative Officer, Supreme Court Building, 231 Capitol Avenue, Hartford, Connecticut 06106, (860) 757-2145, no later than ten (10) days after the act or decision complained about. Alternative means of filing a grievance/complaint, such as a personal interview or 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.

Name of person filing complaint				Telephone
Address (street)	(city)	(state)	(zip)	E-mail (optional)

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

Remedy or solution requested

Signature of complainant (person filing this complaint)	Date signed
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The complaint is dismissed.
 The following resolution is offered: _____

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

Additional Comments:

By: _____ Title: _____ Date: _____

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.