

COMPLAINT FILED UNDER THE AMERICANS WITH DISABILITIES ACT FOR AN ADMINISTRATIVE ACCOMMODATION

JD-ES-263 Rev. 8-23
28 CFR § 35.107 (b)

This form is available in other language(s).

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



Instructions

This form is to be used only for the denial of administrative accommodations from the Connecticut Judicial Branch.

File this form with the Director, Human Resource Management Unit, 90 Washington Street, Hartford, CT 06106 or e-mail to ADAc COMPLAINT@jud.ct.gov, no later than ten (10) days after the decision.

Alternative means of filing a complaint, such as a personal interview or a recording of the complaint, will be made available for a person with a disability upon request by calling 860-706-5280. Attach additional documents or page(s), if necessary.

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

Name of person filing complaint	Telephone	E-mail (optional)
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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 (<i>Signature of person filing this complaint</i>)	Date signed
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FOR OFFICIAL USE ONLY

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

- 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 _____