

**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.)*

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Remedy or solution requested

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Signature of complainant <i>(person filing this complaint)</i>	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:

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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](http://www.jud.ct.gov/ADA).