

**GRIEVANCE/COMPLAINT FILED  
UNDER THE AMERICANS WITH  
DISABILITIES ACT**

JD-ES-263 Rev. 6-12

STATE OF CONNECTICUT  
**SUPERIOR COURT**

[www.jud.ct.gov](http://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 act or decision complained about. Attach additional documents if necessary.

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

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

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What remedy or solution are you requesting?

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Signed (Signature of person filing this complaint)	Date signed
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- The complaint is dismissed.
- The following resolution is offered and the matter is 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 if he or she wants to pursue the matter further.

Additional Comments:

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\_\_\_\_\_

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

► \_\_\_\_\_ Dated \_\_\_\_\_

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/).