

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

JD-ES-280 New 5-11

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**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. Attach additional documents, if necessary.

Name of person filing complaint			Telephone
Address (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 (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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By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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/).