DISCRIMINATION COMPLAINT/ FEDERAL GRANTS

JD-ES-284 Rev. 12-18

This form is available in other language(s).

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

Instructions

A program or activity supported by U.S. Department of Justice funds must comply with federal civil rights discrimination laws. Civil rights complaints may be reported by filing this form with the Director, Human Resource Management Unit, 90 Washington Street, Hartford, Connecticut 06106, (860) 706-5280 or by e-mail to https://doi.org/10.2580/jud.ct.gov. Attach additional documents, if necessary.

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

Name of person filing complaint		E-mail address		Telephone number
Mailing address (Number and street, or P.O. box; city; state; zip code)				
Subrecipient's Name, Address and Telephone Number (A subrecipient is a program or agency that receives funds from the Connecticut Judicial Branch.)				
Does your complaint involve ("x" one):				
Does your complaint involve ("x" one or more):	☐ Age ☐ Religion ☐ Mental or Physica	 ☐ Colo	r/Ethnicity r onal Origin	☐ Sex (gender)☐ Gender Identity☐ Sexual Orientation
Describe the alleged discriminatory act (include dates, locations, names and contact information of witnesses - use one or more additional pages, if necessary.)				
Signature of complainant (Person filing	this complaint)			Date signed
Do not write below this line. 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: 				
By: (Director of Judicial Branch Human	Resource Management Unit o	r designee)		Dated