

**GRIEVANCE/COMPLAINT FILED UNDER THE  
AMERICANS WITH DISABILITIES ACT**JD-ES-263 Rev. 8-20  
28 CFR § 35.107 (b)***This form is available  
in other language(s).*****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 alleged discriminatory act or decision. Alternative means of filing a grievance/complaint, such as a personal interview or a 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.

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov



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

Name of person filing complaint

Telephone

E-mail (optional)

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 (Signature of person filing this complaint)

Date signed

**FOR COURT USE ONLY**

The complaint is dismissed.

The following resolution is offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The matter is concluded.

The matter is not concluded.

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 \_\_\_\_\_