



Internal Discrimination Complaint Intake Form

State of Connecticut Department of Social Services

01/07/2015

Complainant's name:

| | |
|----------------|----------------------------|
| Job title: | Employee telephone: |
| Work location: | Date of alleged violation: |

Respondent's name:

| | |
|----------------|------------------------------|
| Job title: | Respondent's telephone: |
| Work location: | Relationship to complainant: |

Respondent's name:

| | |
|----------------|------------------------------|
| Job title: | Respondent's telephone: |
| Work location: | Relationship to complainant: |

I was:

- | | |
|---|--|
| <input type="checkbox"/> terminated <input type="checkbox"/> not promoted <input type="checkbox"/> suspended <input type="checkbox"/> constructively discharged <input type="checkbox"/> not hired due to BFOQ* <input type="checkbox"/> given a poor evaluation <input type="checkbox"/> denied a raise <input type="checkbox"/> less trained <input type="checkbox"/> denied an office <input type="checkbox"/> given different terms and conditions of employment <input type="checkbox"/> Denied Services _____ _____ _____ | <input type="checkbox"/> not hired <input type="checkbox"/> harassed <input type="checkbox"/> sexually harassed <input type="checkbox"/> demoted <input type="checkbox"/> retaliated against <input type="checkbox"/> not hired due to a disability <input type="checkbox"/> delegated difficult assignments <input type="checkbox"/> warned <input type="checkbox"/> not hired due to prior criminal record <input type="checkbox"/> subjected to a hostile work environment |
|---|--|

*Bona fide occupational qualification

On _____ and believe the basis of this treatment was due to my:

- | | |
|---|---|
| <input type="checkbox"/> race <input type="checkbox"/> national origin <input type="checkbox"/> marital status <input type="checkbox"/> physical disability <input type="checkbox"/> previous opposed, filed or assisted <input type="checkbox"/> age (D.O.B.) <input type="checkbox"/> religious creed <input type="checkbox"/> sexual orientation <input type="checkbox"/> criminal record | <input type="checkbox"/> color <input type="checkbox"/> mental disability <input type="checkbox"/> sex <input type="checkbox"/> learning disability <input type="checkbox"/> ancestry <input type="checkbox"/> developmental disability <input type="checkbox"/> genetic predisposition <input type="checkbox"/> pregnancy <input type="checkbox"/> gender identity or expression |
|---|---|



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SUMMARY OF THE COMPLAINT:

LIST, BY NUMBER, EACH ALLEGATION. INCLUDE DATE(S), DESCRIPTION OF ALLEGED DISCRIMINATORY ACT(S), AND NAME(S) OF RESPONDENT(S) AND/OR WITNESS(ES).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

As the complainant, I believe this can be resolved by:



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Initial the following that apply:

- I have been advised during the intake process of my appeal and redress rights and I have received a copy of the agency's non-discrimination policy.
I understand that I may file a complaint with the Connecticut Commission on Human Rights and Opportunities now, or within one hundred eighty (180) days, after the date of the alleged act of discrimination or the date that I became aware of the alleged discriminatory act.
I understand that I may file a complaint with state, federal or local agencies including the United States Department of Labor, Wage and Hour Division, the Equal Employment Opportunity Commission, United States Department of Health and Human Services (Region 1); United States Department of Agriculture (USDA), and any other agencies, state, federal or local, that enforce the laws concerning discrimination.
I understand that under state and federal law, as a complainant, I may not be retaliated against with regard to services provided to me, or my prospective or current employment status for filing a charge of discrimination, participating in an investigation, or opposing an unlawful employment practice.
I have been informed during the Intake Process that, if my allegations do not constitute a discrimination complaint per agency policy/internal grievance procedure, I may file my complaint with any other state or federal agency that enforces the laws concerning discrimination.
I have received a copy of this Intake Form, which has been signed by the Affirmative Action Division staff and me. If any changes are to be made with regard to the statement(s) contained in this complaint form, I will have to initial each change.
I understand that statements contained in this complaint may be used in administrative or legal proceedings and that I may be required to testify at such proceedings concerning this matter.

I hereby attest that the facts given in this complaint are true and accurate and that I have been advised of the other avenues of appeal/redress:

Complainant Signature /Print Name

Date

EEO Specialist Signature/Print Name

Date

For Administrative Use Only:

The Affirmative Action Division has jurisdiction to receive and investigate this complaint and issue a determination upon the merits.

The Affirmative Action Division does not have jurisdiction to receive and investigate this complaint and issue a determination upon the merits. This complaint is being referred to

EEO Director /Print Name

Date