RODERICK L. BREMBY
Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

Department of Social Services

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AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT PROCEDURE

INTRODUCTION

This Affirmative Action Discrimination Complaint Procedure explains the process for filing complaints alleging discrimination under sections 46a-60, 46a-64, 46a-70, 46a-71, 46a-80 and 46a-81to 46a-81n, inclusive, of the Connecticut General Statutes, as applicable to the Department; the Americans with Disabilities Act and its amendments; Title VII of the Civil Rights Act of 1964; and section 504 of the Rehabilitation Act of 1973. For complaints alleging sexual harassment, see the separate document entitled "Procedures for Sexual Harassment Complaint Processing."

The Connecticut General Statutes prohibit discrimination in employment and the provision of services because of race, sex, age, marital status, religious creed, ancestry, color, national origin, criminal record, marital status, genetic information, past history or present mental disability learning disability or physical disability, including blindness, intellectual disability, sexual orientation or gender identity or expression.

The federal Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12101 et seq., as amended, prohibits discrimination on the basis of a disability in employment, state and local government, public accommodations, transportation and telecommunications to qualified individuals with disabilities.

Titles VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance. Title VII of the Civil Rights Act of 1964, 42 §§ U.S.C. 2000e et seq. prohibit discrimination on the basis of race, color, religion, sex or national origin and applies to employers with 15 or more employees, including federal, state and local governments. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, as amended, prohibits discrimination on the basis of disability in programs conducted by federal agencies and in programs receiving federal financial assistance.

The Department of Social Services wants to eliminate discrimination without the need to respond to complaints. If anyone identifies a Department of Social Services program, practice, service or activity that is operating in a discriminatory manner, he or she is urged to contact the DSS Affirmative Action Division at (860) 424-5040.

FILING AND PROCESSING OF INTERNAL COMPLAINTS

This procedure provides for the timely resolution of complaints and ensures that an individual who files an internal complaint is also advised of his or her right to file the same complaint with an outside governmental agency.

Where to File

Department of Social Services
Affirmative Action Division
55 Farmington Avenue
Hartford, CT 06105
Tel: (860) 424-5040

Time Period for Filing

The Department encourages individuals to file internal complaints, in writing or verbally, within 30 days of, or as soon as possible after, the alleged violation or becoming aware of the alleged violation. The Affirmative Action Division shall advise the individual who is filing the complaint of his or her rights under state and federal law, as cited in the Commissioner's Affirmative Action/ Equal Employment Opportunity Policy Statement, and provide the individual with a copy of this Complaint Procedure. The Affirmative Action Division maintains all records pertaining to discrimination complaints in separate, limited-access files. Information or materials from these files is made available only as necessary for purposes of the agency's investigation of the Complaint and as required by law.

If someone verbally reports an incident to the Affirmative Action Division, the Affirmative Action Division will help the complainant put the complaint in writing. All written complaints must be signed and dated by the individual making the complaint.

Investigation of a Complaint

Once a complaint is received, the Affirmative Action Division shall initiate an investigation of the complaint within fifteen (15) business days of its receipt. This will include notifying the individual(s) who is accused of discriminating against the complainant that a complaint has been filed. The Affirmative Action Division may enlist the help of other employees of the Department to conduct an investigation. The Affirmative Action Division, or anyone else designated by the Affirmative Action Division, shall conduct a thorough investigation. The Complainant and any other interested individual may submit information to the Affirmative Action Division relevant to a complaint.

If a discrimination complaint is made against the Commissioner or against an equal employment opportunity officer at the Department, alleging that such person directly or

personally engaged in discriminatory conduct, or if a discrimination complaint is made by the Commissioner or an equal employment opportunity officer at the Department, the complaint is referred to the Commission on Human Rights and Opportunities (CHRO) for review and, if appropriate, investigation by the Department of Administrative Services.

Written Determination

The Affirmative Action Division shall make all reasonable efforts to complete its investigation within 90 days of receipt of a complaint. Once the investigation is completed, the Affirmative Action Division will send a written determination to the Complainant detailing the outcome of its investigation. The Affirmative Action Division will maintain the files and records of all complaints processed under this procedure. If the Affirmative Action Division finds that an employee has engaged in discriminatory action, it will refer its determination to Human Resources for appropriate action.

Appeals

If the complainant is not satisfied with the resolution of his or her complaint, he or she may appeal the Affirmative Action Division's determination to the Commissioner of Social Services or his or her designee. Such appeal must be in writing and filed with the Commissioner of Social Services or his or her designee, within ten (10) calendar days of the date of the Affirmative Action Division's written decision, with a copy sent to the Affirmative Action Division.

The appeal should include:

- the reason for the appeal;
- the basis for disagreement with the Affirmative Action Division's determination; and
- any other information or evidence not previously provided

The Commissioner of Social Services or the Commissioner's designee shall:

- review the information submitted by the individual who is appealing;
- review the Affirmative Action Division's determination; and
- make a final determination of the matter and, within ten (10) calendar days of receipt of the appeal, notify the individual who filed the appeal, in writing, of the results of the review.

Any person who willfully interferes with or otherwise impairs the processing of any discrimination complaints, or in any way restricts or impairs the employment rights of the complainant or any witnesses involved in a complaint, is subject to disciplinary action, up to and including written reprimand, suspension or dismissal.

FILING AN EXTERNAL COMPLAINT

Filing an internal complaint with the Affirmative Action Division using the above-described compliant procedure does not preclude someone from also filing a complaint with the appropriate state or federal department or agency, such as the Connecticut Commission on Human Rights and Opportunities or the Equal Opportunity Employment Commission.

In addition, employees who are in a collective bargaining unit may file a grievance pursuant to the terms of his or her collective bargaining agreement.

The Department's Affirmative Action Division, in conjunction with the Human Resources Division, as appropriate, investigates and responds to complaints submitted to external agencies in accordance with the requirements of the respective external agencies. The Department of Social Services cooperates fully with external agencies and makes available any relevant information and materials pertaining to its or their investigation.

Commission on Human Rights and Opportunities (CHRO)

A complaint may be filed directly with the CHRO. Complaints must generally be filed within 180 calendar days of the date that you became aware of the act. Your reasonably written complaint must be filed in a commission office and entered into the commission records before the 180 day time frame expires.

Further information on filing a Connecticut Commission on Human Rights and Opportunities (CHRO) complaint can be found on the CHRO website: http://www.ct.gov/chro

A person wishing to file a complaint should contact an intake officer at one of the Commission's regional offices listed in this document. The intake worker will discuss your concerns; explain the complaint process and, advise you about what help CCHRO may be able to provide to you. If a complaint can be taken, you will be given an appointment to go to a regional office to file a complaint.

The Connecticut Commission on Human Rights & Opportunities Regional Offices

Southwest Region
350 Fairfield Avenue, 6th Floor
Bridgeport, CT 06604
Telephone: (203) 579-6246

West Central Region
Rowland State Government Center
Suite 210
Waterbury, CT 06702
Telephone: (203) 805-6530

Eastern Region
100 Broadway
Norwich, CT 06360
Telephone: (860) 886-5703

Capitol Region
999 Asylum Avenue
Second Floor
Hartford, CT 06105
Telephone: (860) 566-7710

Equal Employment Opportunities Commission (EEOC)

A complaint may also be filed with the Equal Employment Opportunities Commission (EEOC) office listed in this document. The EEOC enforces federal laws prohibiting employment discrimination. If you believe that you have been discriminated against at work because of your race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information, you can file a complaint of discrimination with the EEOC.

In general, a complaint of discrimination must be filed with the EEOC within 180 calendar days from the day the discrimination took place. The 180 calendar days filing deadline is extended to 300 calendar days if a state or local agency enforces a law that prohibits employment discrimination on the same basis. A complaint may be filed by mail or in person at the nearest EEOC office. Further information on filing an EEOC complaint can be found on EEOC's website: http://www.eeoc.gov.

The Equal Employment Opportunities Commission (E.E.O.C.) Area Office

JFK Federal Building
Room 409 B
Government Center
Boston, MA 02203
Telephone: (617) 565-3200

Roderick L. Bremby
Commissioner
May 19, 2015

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:

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

*Bona fide occupational qualification

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

- ☐ race
- ☐ national origin
- ☐ marital status
- ☐ physical disability
- ☐ previous opposed, filed or assisted
- ☐ age (D.O.B.)
- ☐ religious creed
- ☐ sexual orientation
- ☐ criminal record
- ☐ color
- ☐ mental disability
- ☐ sex
- ☐ learning disability
- ☐ ancestry
- ☐ developmental disability
- ☐ genetic predisposition
- ☐ pregnancy
- ☐ gender identity or expression

Internal Discrimination Complaint Intake Form

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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:

Internal Discrimination Complaint Intake Form

State of Connecticut Department of Social Services

01/07/2015

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**