

STATE OF CONNECTICUT
OFFICE OF PUBLIC HEARINGS

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**WHISTLEBLOWER RETALIATION COMPLAINT FORM
AND AFFIDAVIT**

No. OPH/WBR _____
[to be assigned by OPH]

Pursuant to General Statutes §4-61dd

INSTRUCTIONS: The complainant or her/his authorized representative shall complete and sign this form and then file it with the Chief Human Rights Referee, at the address listed above. **A complaint must be filed with the Office of Public Hearings (OPH) not later than ninety (90) days after the complainant learns of the specific incident giving rise to this claim (i.e., an adverse personnel action or threat of such action).** Once the complaint is filed, the Chief Human Rights Referee will issue a "Notice of Hearing and Initial Conference" scheduling an initial conference.

1. Complainant (employee) Contact Information	2. Name and Address of Complainant's Representative, in any*
Name: _____	Juris No. (if representative is an attorney) _____
Add 1: _____	Name: _____
Add 2: _____	Address 1: _____
City: _____	Address 2: _____
State: _____ ZIP Code: _____	City: _____
Tel. No.: _____	State: _____ ZIP Code: _____
Fax No.: _____	Tel No.: _____
Email: _____	Fax No.: _____
	Email: _____

**(Note: Neither the Commission on Human Rights and Opportunities nor the Office of Public Hearings provides an attorney for the complainant)*

2. The Respondent (the Complainant's employer) is --
- ___ (a) a State department/agency; ___ (b) a quasi-public agency (as listed in General Statutes § 1-120(1);
- ___ (c) a large state contractor (i.e., an entity that has a contract with a State Department/Agency or quasi-public agency valued at \$5 million dollars or more); ___ (d) an appointing authority; (e) employee of probate court

(Check the appropriate box listed above. Under Conn. Gen. Stat. § 4-61dd, the Office of Public Hearings has jurisdiction to hear whistleblower retaliation cases file against the entities described in Connecticut General Statutes § 1-120(1) and § 4-61dd(e)(1).

3. Respondent (Employer) Contact Information - Entity against whom you are filing this complaint.

Agency/Contactor: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP Code: _____

Tel.: _____ Fax: _____

E-mail: _____

4. Complainant's initial date of employment with Respondent: _____

5. Present employment status: _____

¹Conn. Gen. Stat. § 1-120 states, "Quasi-public agency" means Connecticut Innovations, Incorporated, the Connecticut Health and Educational Facilities Authority, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Student Loan Foundation, the Connecticut Housing Finance Authority, the Connecticut Housing Authority, the Materials Innovation and Recycling Authority, the Capital Region Development Authority, the Connecticut Lottery Corporation, the Connecticut Airport Authority, the Connecticut Health Insurance Exchange, the Connecticut Green Bank, the Connecticut Retirement Security Authority, the Connecticut Port Authority, the Connecticut Municipal Redevelopment Authority, the State Education Resource Center and the Paid Family and Medical Leave Insurance Authority.

6. You may be protected from adverse personnel actions or threats of adverse personnel actions for your disclosure of information described in Conn. General Statutes §4-6ldd(a). **CHECKING ALL APPLICABLE CATEGORIES.**

A. The complainant's underlying whistleblower disclosure concerned matters involving:

- i. With regard to a state or quasi-public agency or employee of a probate court:
 - Corruption; Violation of state laws or regulations
 - Mismanagement Abuse of authority Gross waste of funds Danger to public safety

OR

- ii. With regard to a large state contract:
 - Corruption; Unethical practices; Violation of state laws or regulations
 - Mismanagement Abuse of authority Gross waste of funds Danger to public safety

B. State the name and position of the qualifying person(s) to whom you disclosed such information and the date of such disclosure.²(Attach *additional page(s) if necessary.*)

C. Describe the information that you disclosed. (*Attach additional page(s) if necessary.*)

7. (A). On what date did you learn about the personnel action(s) threatened or taken against you because of the information you disclosed in 6.C. above? _____

(B). Briefly describe the personnel action(s) threatened or taken against you. Identify all pertinent dates, locations, and individuals involved. (*Attach additional page(s) if necessary.*)

8. If you have filed a complaint/appeal regarding the personnel action(s) in any other forum (for example, in state court, with the Employees Review Board, or through a union grievance), please provide dates and pertinent details and attach a copy of that complaint/appeal.....

² According to General Statutes §4-61dd(e)(1), the disclosure must be made to one of the following - (i) to an employee of the Auditors of Public Accountants or the Attorney General; (ii) to an employee of a state agency or quasi-public agency where such state officer or employee is employed; (iii) an employee of a state agency pursuant to a mandated reporter statute or pursuant to subsection (b) of section 17a-28; (iv) an employee of the Probate court where such employee is employed; (v) in the case of a large state contractor, an employee of the contracting state agency concerning information involving the large state contract.

10. Signature and Oath of Complainant or Authorized Representative: By signing this form, the complainant states that s/he has read the foregoing complaint and knows the content thereof; that the same is true of her/his own knowledge, and that s/he believes the same to be true. This form serves as an affidavit and must be notarized.

Signature _____ Date Signed _____

State of Connecticut

County of _____ ss.

On this the _____ day of _____, before me personally appeared _____, satisfactorily known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires:
