

Connecticut Department of Children and Families
INTERNAL DISCRIMINATION COMPLAINT INTAKE FORM

DCF-104
 3/19 (Rev.)



COMPLAINANT'S INFORMATION			
Complainant LAST Name:	Complainant First Name:	Complainant Job Title:	Work Phone #:
DCF Office (Complainant work location):			Date of Alleged Violation:

RESPONDENT #1 INFORMATION			
LAST Name:	First Name:	Job Title:	Work Phone #:
DCF Office (work location):		Relationship to Complainant:	

RESPONDENT #2 INFORMATION <i>(please attach separate sheet for additional respondents)</i>			
LAST Name:	First Name:	Job Title:	Work Phone #:
DCF Office (work location):		Relationship to Complainant:	

I was:

<input type="checkbox"/> constructively discharged	<input type="checkbox"/> not hired due to a disability
<input type="checkbox"/> delegated difficult assignments	<input type="checkbox"/> not hired due to Bona fide occupational qualification (BFOQ)
<input type="checkbox"/> demoted	<input type="checkbox"/> not hired due to prior criminal record
<input type="checkbox"/> denied a raise	<input type="checkbox"/> not promoted
<input type="checkbox"/> denied an office	<input type="checkbox"/> retaliated against
<input type="checkbox"/> given a poor evaluation	<input type="checkbox"/> sexually harassed
<input type="checkbox"/> given different terms and conditions of employment	<input type="checkbox"/> subjected to a hostile work environment
<input type="checkbox"/> harassed	<input type="checkbox"/> suspended
<input type="checkbox"/> less trained	<input type="checkbox"/> terminated
<input type="checkbox"/> not hired	<input type="checkbox"/> warned
<input type="checkbox"/> Other:	

I believe the basis of this treatment was due to:

<input type="checkbox"/> age	<input type="checkbox"/> gender identity or expression	<input type="checkbox"/> marital status	<input type="checkbox"/> race
<input type="checkbox"/> ancestry	<input type="checkbox"/> genetic pre-disposition	<input type="checkbox"/> mental disability	<input type="checkbox"/> religious creed
<input type="checkbox"/> color	<input type="checkbox"/> intellectual disability	<input type="checkbox"/> National Origin	<input type="checkbox"/> sex
<input type="checkbox"/> criminal record	<input type="checkbox"/> learning disability	<input type="checkbox"/> physical disability	<input type="checkbox"/> sexual orientation
<input type="checkbox"/> Other:		<input type="checkbox"/> pregnancy	<input type="checkbox"/> veteran's status

THIS SECTION FOR ADMINISTRATIVE USE ONLY		
<input type="checkbox"/> This complaint was reviewed for the purpose of determining the Office of Diversity and Equity's jurisdiction; and, as a result thereof, this Office has jurisdiction to receive, investigate and issue a determination upon the merits of the referenced complaint.		
<input type="checkbox"/> This complaint was reviewed for the purpose of determining the Office of Diversity and Equity's jurisdiction; and, as a result thereof, this Office does not have jurisdiction to receive, investigate and issue a determination upon the merits of the referenced complaint. As a result thereof the complainant is being referred to:		
EEO Director Name	EEO Director Signature:	Date:

SUMMARY OF THE COMPLAINT: Include description of alleged discriminatory act(s), and include name(s) of respondent(s) and/or witness(s), date(s), and location of incident(s):

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

Initial all of the following statements that apply:

- Initial Here* I have been advised during the intake process of my appeal and redress rights and I have received a copy of the agency's investigation policy.
- Initial Here* 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.
- Initial Here* 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 and the Equal Employment Opportunity Commission.
- Initial Here* I understand that under state and federal law, as a complainant, I may not be retaliated against with regards to my prospective or current employment status, for filing a charge of discrimination, participating in an investigation or opposing an unlawful employment practice.
- Initial Here* I have been informed during the Intake Process that my allegations do not constitute a discrimination complaint per agency policy/internal grievance procedure. I understand that nothing in this determination prohibits me from filing with any other state or federal agency.
- Initial Here* I have received a copy of this complaint summary, which has been signed by both the Equal Employment Opportunity Specialist and me. If any changes are to be made with regards to the statement(s) contained in this complaint form, I will have to revise the complaint form and provide a new signature and date.
- Initial Here* 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 LAST Name:	Complainant First Name:	Complainant Signature	Date:
EEO Specialist LAST Name:	EEO Specialist First Name:	EEO Specialist Signature	Date: