

DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES
Equal Employment Opportunity Office Complaint Form

FORM
 AA-100

This is a fillable form. Please type in your answers and email to EEOO:

Last Name:		First Name:	
Facility:		Location/ Division:	
Race:	Sex:	Shift:	Days/Week:

Position Title:

Immediate Supervisor
 Name and Title:

Telephone number(s) where you can be reached: Work#:

Home #: Cell#: E-mail:

Mailing Preference (check which you prefer): Work Address Home Address

Work Address: (Street, City, State, Zip) Home Address:
 If you prefer mail to your home address, please submit on a separate sheet. This information will be kept confidential.

Please check any applicable items below:

I believe that on (mm/dd/yyyy) I have been: Discriminated Against Harassed
 (Incident Date)

- On the basis of: RACE COLOR RELIGIOUS CREED ANCESTRY AGE (DOB:) SEX
 SEXUAL HARASSMENT GENDER IDENTITY OR EXPRESSION MARITAL STATUS NATIONAL ORIGIN
 WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS PRESENT / PAST HISTORY OF MENTAL DISABILITY RETALIATION
 INTELLECTUAL DISABILITY LEARNING DISABILITY PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS
 PREGNANCY/ FAMILIAL STATUS GENETIC INFORMATION VETERAN STATUS SEXUAL ORIENTATION
 PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.) HAIR TEXTURE AND STYLE (CROWN ACT)

***COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:**

I believe that on (mm/dd/yyyy) I was retaliated against by (name) for previously opposing a discriminatory practice (Filing or testifying in an Equal Employment Opportunity Office Investigation, CHRO or EEOC grievance).

How was your employment affected? (check any that apply)

- FAILURE TO HIRE FAILURE TO PROMOTE DEMOTION TERMINATION SUSPENSION OR OTHER CORRECTIVE ACTION
 POOR SERVICE RATING DENIAL OF TRAINING OR ACCOMMODATION UNEQUAL TREATMENT (PLEASE DESCRIBE):

Please complete page 2 and attach to this form, along with any other documentation.

I elect to resolve this through mediation if possible

(Only in cases with no MHAS-20 Work Rule Violation or Equal Employment Opportunity investigations)

By signing below, I understand that I have the right to file my complaint with the Commission on Human Rights & Opportunities (CHRO), and/or the U.S. Equal Employment Opportunity Commission (EEOC), or with any other state, federal or local agency that enforces laws against discriminatory or illegal employment practices. I certify that the information provided herein is true to the best of my knowledge and belief:

 E-Signature of Complainant

 Date

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Alleged Violator(s) / Respondent(s): (use separate paper if more space is needed)

NAME	TITLE	UNIT	PHONE #	SHIFT

Witnesses (if any): (use separate paper if more space is needed)

NAME	TITLE	UNIT	PHONE #	SHIFT

Please provide a detailed description of your complaint. Include dates, locations, and times of incidents. *(You may attach additional pages or any other relevant documentation, such as a completed MHAS-20 incident report if applicable).* **Please number allegations if possible.**

Remedy Requested / How can this be resolved?

_____ **E-Signature of Complainant**

_____ **Date**