STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

Office of Diversity & Equity

INCIDENT REPORT FORM

Name ____________________________ Division ____________________________

Telephone numbers(s) where you can be reach: Work # ____________________________

Home # ____________________________ Cell # ____________________________ Email: ____________________________

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

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<th>Work Address: (Street, City, State, Zip)</th>
<th>Home Address:</th>
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Date of Report ____________________________ Job Title ____________________________

A. Date of alleged discriminatory act/action ____________________________

B. Formal complaint filed ________ yes ________ no

C. Union Grievance filed ________ yes ________ no

Please check any applicable items below:

I believe I have been: □ Discriminated Against  □ Harassed

On the basis of:

□ Race  □ Color  □ Religious Creed  □ Age (DOB: ____________________________)

□ Sex  □ Sexual Harassment  □ Gender Identity or Expression

□ Marital Status  □ National Origin  □ Ancestry

□ Present/Past History of Mental Disability  □ Sexual Orientation  □ Intellectual Disability

□ Learning Disability including, but not limited to Blindness  □ Pregnancy/Family Status

□ Genetic Information  □ Prior conviction of Crime (subject to Sec. 46a-79, 46a-80 of C.G.S.)
COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:

I believe I was retaliated against by ______________________ (name) for previously opposing a discriminatory practice (Filing or testifying in an Affirmative Action Grievance, 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 state reasons for complaint in the space provided or attach a separate sheet. Provide all facts pertinent to the fact finding of your complaint. You should include dates, locations, names of witnesses and/or any information that supports your allegation(s).

________________________________________

Specific resolution requested:

I, __________________________ hereby attest to the details described in the preceding statement of facts. I further attest that they are true and correct to the best of my knowledge. I have been advised of the procedure that will be followed and of other avenues of legal redress open to me.

Signature of Complainant __________________________ Date __________________________