



**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**OFFICE OF THE COMMISSIONER**

**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-81 to 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.

Additionally, in compliance with Section 46a-68-89 of the Regulations of Connecticut State Agencies, periodic training in counseling and grievance investigations as appropriate will be provided for Affirmative Action staff and agency attorney general designees.

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### **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.

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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.

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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, 6<sup>th</sup> Floor  
Bridgeport, CT 06604  
Telephone: (203) 579-6246

#### Eastern Region

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

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### West Central Region

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

### Capitol Region

450 Columbus Boulevard  
Suite 2  
Hartford, CT 06103  
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

#### **Other external agencies:**

#### United States Department of Labor, Wage and Hour Division (W.H.D.)

William Cotter Federal Building  
135 High Street, Room 210  
Hartford, CT 06103  
Telephone: (860) 240-4160

New Haven CT Area Office  
150 Court Street, Room 208  
New Haven, Ct 06511  
Telephone: (203) 773-2249

#### United States Department of Health and Human Services (Region1)

John F. Kennedy Federal Building  
Room 1875  
Boston, MA 02203  
Telephone: (617) 565-1340

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### United States Department of Agriculture (USDA) (SNAP Program)

Director, Office of Adjudication  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
Telephone: (866) 632-9992  
Fax: (202) 690-7442 or email at:  
[Program.intake@usda.gov](mailto:Program.intake@usda.gov)  
The Department of Energy (DOE)

Director  
Federally Assisted Programs Division  
Office of Equal Opportunity  
Department of Energy  
Washington, D.C. 20585

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

And any other agencies; state, federal or local, that enforces laws concerning discrimination in employment.

### **Guarantee of Non-Retaliation**

No person shall be restrained, intimidated, threatened, coerced or discriminated against by any administrative/supervisory personnel or associates because he/she made a complaint, testified, assisted in or participated in an investigation, proceeding or hearing. Such actions are a protected activity. The protection from adverse action is held to be inviolate by the Department of Social Services and alleged violations by a person(s) are to be brought immediately to the attention of the DSS Affirmative Action Director by the complainant, by his/her representative or by any other adversely affected person, for investigation and appropriate disciplinary action.

All employees, clients and grantees of the Department of Social Services shall have the right to make a complaint under this procedure, regardless of protected group or other status, classification or length of services.



# 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:**

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

\*Bona fide occupational qualification

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

- |  |  |
|--|--|
| <input type="checkbox"/> race                                | <input type="checkbox"/> color                         |
| <input type="checkbox"/> national origin                     | <input type="checkbox"/> mental disability             |
| <input type="checkbox"/> marital status                      | <input type="checkbox"/> sex                           |
| <input type="checkbox"/> physical disability                 | <input type="checkbox"/> learning disability           |
| <input type="checkbox"/> previous opposed, filed or assisted | <input type="checkbox"/> ancestry                      |
| <input type="checkbox"/> age (D.O.B. _____)                  | <input type="checkbox"/> developmental disability      |
| <input type="checkbox"/> religious creed                     | <input type="checkbox"/> genetic predisposition        |
| <input type="checkbox"/> sexual orientation                  | <input type="checkbox"/> pregnancy                     |
| <input type="checkbox"/> criminal record                     | <input type="checkbox"/> gender identity or expression |



**Internal Discrimination Complaint  
Intake Form**  
State of Connecticut Department of Social Services

01/07/2015

**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 regards 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.
- I have received a copy of this complaint summary, which has been signed by the Affirmative Action Division staff and me. If any changes are to be made with regards 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