

STATE OF CONNECTICUT  
OFFICE OF PUBLIC HEARINGS  
450 Columbus Boulevard, Suite 2  
Hartford CT 06103

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**WHISTLEBLOWER RETALIATION COMPLAINT FORM AND AFFIDAVIT**

Pursuant to Connecticut General Statutes §4-6ldd

OPH/WBR NO. \_\_\_\_\_  
[Number to be assigned by Office of Public Hearings]

**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 no 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). In accordance with Connecticut General Statutes §4-6ldd, the specific incident needs to concern public safety or general public welfare, rather than a personal grievance. Once the complaint is filed, a Human Rights Referee will issue a "Notice of Hearing and Initial Conference" scheduling an initial conference.

**1. Complainant's Contact Information**

**Complainant (Employee) Contact Information**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**Pronouns (Optional)**

She/Her: \_\_\_\_\_  
He/Him: \_\_\_\_\_  
Them/They: \_\_\_\_\_

**Complainant's Representative, if any\***

Juris No. (if applicable) \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
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<sup>1</sup>; \_\_\_\_ (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 Connecticut General Statutes § 4-61dd, the Office of Public Hearings has jurisdiction to hear whistleblower retaliation cases filed 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: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

5. Present employment status: \_\_\_\_\_

6. You may be protected from adverse personnel actions or threats of adverse personnel actions for your disclosure of information described in Connecticut General Statutes § 4-61dd(a).

A. The Complainant's whistleblower retaliation claim may concern either (i) state agencies, quasi-public agencies, probate court employees or (ii) large state contractors.

i. If your claim involves a state or quasi-public agency or probate court employee, **please check all applicable categories** that concern the Complainant's underlying whistleblower retaliation claim.

\_\_\_\_Corruption    \_\_\_\_Violation of state laws or regulations    \_\_\_\_Mismanagement

\_\_\_\_Abuse of authority    \_\_\_\_Gross waste of funds    \_\_\_\_Danger to public safety

<sup>1</sup> Conn. 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 MIRA Dissolution 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 Port Authority, the Connecticut Municipal Redevelopment Authority, the State Education Resource Center, and the Paid Family and Medical Leave Insurance Authority.

ii. If your claim concerns a large state contract, **please check all applicable categories** that concern the Complainant's underlying whistleblower retaliation claim.

☐ 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(s) of such disclosure.<sup>2</sup> (*Attach additional page(s) if necessary.*)

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

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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.*)

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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. \_\_\_\_\_

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<sup>2</sup> According to Connecticut 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.

9. Statement of damages available pursuant to Connecticut General Statutes § 4-6ldd, (for example, reinstatement to former position, back pay, re-establishment of employee benefits, or reasonable attorney's fees.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 within this instrument and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Signature of Notary Public

Date Commission expires:

\_\_\_\_\_