CONNECTICUT

Department of Children & Families

INTERNAL DISCRIMINATION COMPLAINT INTAKE FORM
DCF-104
10/25 (Rev.)

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

RESPONDENT'S INFORMATION			
LAST Name:	First Name:	Job Title:	Work Phone #:
DCF Office (work location): Please select a Location			Relationship to Complainant:

COMPLAINT INFORMATION	
I was:	
☐ constructively discharged	☐ suspended
☐ delegated difficult assignments	☐ terminated
☐ demoted	☐ warned
☐ denied a raise	☐ not hired due to a disability
☐ given a poor evaluation	☐ not hired due to Bona fide occupational qualification (BFOQ)
☐ given different terms and conditions of employment	☐ less trained
☐ harassed	☐ sexually harassed
☐ subjected to a hostile environment	☐ retaliated against
☐ not hired	☐ Other:
☐ not promoted	

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

☐ age DOB:	☐ criminal record	☐ learning disability	☐ religion/religious creed
☐ gender identity or expression	☐ marital status	☐ sexual orientation	☐ sex (including pregnancy, breastfeeding, caregiving)
☐ ancestry	☐ genetic information	☐ physical disability	☐ status as a victim of domestic violence
☐ color	☐ intellectual disability	☐ race (inclusive of hair texture and protective styles)	☐ national origin

☐ mental disability	☐ previously opposed discrimination or coercion	☐ veteran status	☐ Status as a victim of sexual assault
☐ workplace hazards to reproductive systems	☐ Status as a victim of human trafficking		

SUMMARY OF THE COMPLAINT: Include description of alleged discriminatory/harassing act(s), and include name(s) of witness(s), dates, and location of incident(s):
As the Complainant, I believe this can be resolved by:

Initial all of the following statements that apply:	
	I am hereby notified that I may file a complaint with state, federal or local agencies including the United States Department of Labor, Wage and Hour Division.
	I am hereby notified that I may file a complaint with the Equal Employment Opportunity Commission and the Connecticut Commission on Human Rights and Opportunities now, or within three hundred (300) days, after the date of the alleged act of discrimination or the date that I became aware of the alleged discriminatory act.
	I am hereby notified that the 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 am hereby notified 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
	I have received or acknowledge that I can access a copy of the Office of Diversity's policy, by clicking here (**Policy 7-1**).
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:	

INTERNAL DISCRIMINATION COMPLAINT INTAKE FORM

Complainant Name:	X Complainant	Date:
EEO Staff Name:	X EEO Specialist	Date:

THIS SECTION FOR ADMINISTRATIVE USE ONLY		
☐ 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. ☐ 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: where is the complainant being referred?		
EEO DIRECTOR Name:	X EEO Director	Date: