

INTERNAL DISCRIMINATION COMPLAINT INTAKE FORM

DCF-104
9/23 (Rev.)



COMPLAINANT'S INFORMATION

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

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

I was:

<input type="checkbox"/> constructively discharged	<input type="checkbox"/> suspended
<input type="checkbox"/> delegated difficult assignments	<input type="checkbox"/> terminated
<input type="checkbox"/> demoted	<input type="checkbox"/> warned
<input type="checkbox"/> denied a raise	<input type="checkbox"/> not hired due to a disability
<input type="checkbox"/> given a poor evaluation	<input type="checkbox"/> not hired due to Bona fide occupational qualification (BFOQ)
<input type="checkbox"/> given different terms and conditions of employment	<input type="checkbox"/> less trained
<input type="checkbox"/> harassed	<input type="checkbox"/> sexually harassed
<input type="checkbox"/> subjected to a hostile environment	<input type="checkbox"/> retaliated against
<input type="checkbox"/> not hired	<input type="checkbox"/> Other:
<input type="checkbox"/> not promoted	

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

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

<input type="checkbox"/> mental disability	<input type="checkbox"/> previously opposed discrimination or coercion	<input type="checkbox"/> veteran status
<input type="checkbox"/> workplace hazards to reproductive systems		

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:

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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
<input type="checkbox"/>	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:

Complainant Name:	<p style="text-align: center;"><u>X</u></p> <p style="text-align: center;">Complainant</p>	Date:
EEO Staff Name:	<p style="text-align: center;"><u>X</u></p> <p style="text-align: center;">EEO Specialist</p>	Date:

THIS SECTION FOR ADMINISTRATIVE USE ONLY	
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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:</p>	

EEO DIRECTOR Name:	<p style="text-align: center;"><u>X</u></p> <p style="text-align: center;">EEO Director</p>	Date:
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