

**DAS EQUAL EMPLOYMENT OPPORTUNITY UNIT**

**COMPLAINT FORM**

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Unit/Depart. Name: \_\_\_\_\_ Worksite/Depart. Address: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Nature of Complaint: ( )Discrimination; ( )Harassment; ( )Retaliation; ( )Other \_\_\_\_\_

Protected Class or Activity: \_\_\_\_\_

Name of Alleged Wrongdoer(s): \_\_\_\_\_

Relationship of Wrongdoer(s) to Complainant, if any: \_\_\_\_\_

Date of Incident(s): \_\_\_\_\_

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**DESCRIPTION OF COMPLAINT** *(use reverse side if necessary):*

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

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**SPECIFIC REMEDY REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

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Was this complaint filed with any other enforcement agency (i.e., CHRO, EEOC, Union, Other)  
( ) Yes ( ) No If yes, with whom and Date Filed: \_\_\_\_\_ / \_\_\_\_\_

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I hereby declare that all statements made herein are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant / Date

I have received a copy of the agency’s Discrimination Complaint Procedure, which outlines the process and timeframes for filing a complaint of alleged discrimination or harassment, and also provides me with information about alternative legal remedies, such as filing with the Connecticut Commission on Human Rights & Opportunities (CHRO) and the federal Equal Employment Opportunities Commission (EEOC).

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Signature of Complainant / Date