



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
 450 COLUMBUS BOULEVARD, SUITE 1 • HARTFORD, CT 06103-1837

OFFICE OF DIVERSITY & EQUITY

DISCRIMINATION COMPLAINT PROCEDURE RECORD

Name of Complainant and Title

Address of Complainant

Name of Respondent and Title

Address of Respondent

YES NO

1. ____ ____ The above-named complainant filed a discrimination complaint against the above named respondent on _____ with the Office of Diversity & Equity.
2. ____ ____ The above-named complainant received a copy of the discrimination Complaint Procedure for the Department of Revenue Services on _____.
3. ____ ____ The above-named complainant was verbally advised that he/she may file a formal employment discrimination complaint with the Connecticut Commission on Human Rights & Opportunities (CHRO), 450 Columbus Blvd. Suite 1, Hartford, CT 06103, or one of the regional offices. Complaints should generally be filed with the CHRO no later than three hundred (300) days after the alleged discriminatory practice or act occurred.
4. ____ ____ The above-named complainant was verbally advised that he/she may file a formal discrimination complaint with the Equal Employment Opportunity Commission (EEOC), 15 New Sudbury Street Rm. #475, Boston, MA 02203. Complaints should be filed with the EEOC no later than one hundred eighty (180) days after the alleged discriminatory practice or act occurred, except that in a case when the aggrieved person has initially filed a complaint with the CHRO, such complaint may be filed no later than three hundred (300) days after the alleged act occurred.

5. ____ ____ The above named complainant was advised that he/she may file a formal complaint with any other agency (state, federal, or local) that enforces laws concerning discrimination in employment, including the U.S. Department of Labor, Wage, and Hour Division.
6. ____ ____ The above-named complainant was verbally advised that any retaliation due to the filing of this complaint is prohibited by agency policy and state and federal law.
7. ____ ____ The above-named complainant received a copy of his/her discrimination complaint against the above-named respondent on _____.

Complainant's Signature _____ Date _____

Investigator's Signature _____ Date _____