



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

OFFICE OF DIVERSITY & EQUITY

SUMMARY OF INVESTIGATION

Name of Complainant and Title _____

Address of Complainant _____

Name of Respondent and Title _____

Address of Respondent _____

Summary of Investigation:

Investigator's Signature _____ **Date** _____