



STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT

DISCRIMINATION COMPLAINT PROCEDURE

The Office of Policy and Management (OPM) will investigate all complaints of discrimination because of race, inclusive of ethnic traits historically associated with race, including, but not limited to hair texture and protective hairstyles, color, religious creed, age, gender, gender identity or expression, sexual harassment, sexual orientation, pregnancy or workplace hazards to reproductive systems, marital status, national origin, ancestry, intellectual disability, past or present history of mental disability, learning disability, physical disability, including blindness, exercising rights afforded by Paid Family Medical Leave, status as a veteran, status as a victim of domestic violence, or a criminal record.

It is the policy of OPM to advise every employee, fellow and intern of his or her right to complain through this Discrimination Complaint Procedure. In order to make certain that every employee, fellow and intern is completely aware of their rights to use this procedure in the case of a complaint(s), a copy of this procedure is distributed annually to all OPM employees, fellows and interns, provided to new employees upon hire, provided to fellows or interns upon the start of their fellowship/internship, and posted on OPM's Intranet.

Any employee, fellow or intern who believes that OPM has discriminated against them with regard to employment or to any program, service or activity at this agency should request a confidential meeting with Carolyn Kozak, Designated Equal Employment Opportunity Officer, Office of Policy and Management, 450 Capitol Avenue - MS#52ADM, Hartford, CT 06106, telephone (860) 418-6324, email: Carolyn.Kozak@ct.gov. The Designated Equal Employment Opportunity Officer will meet with the employee, fellow or intern within three (3) business days of the request for a confidential meeting and advise the individual of their rights and possible remedies under the law.

If the employee, fellow or intern chooses to file a complaint, it should be sent to the Designated Equal Employment Opportunity Officer as soon as possible after the alleged situation occurred.

The complaint shall be filed on the form provided by the OPM Division of Administration, or in an alternative format when necessary. Although OPM prefers complaints be filed using the agency *Discriminatory Action Complaint form* (see attached), complaints can be made in alternative formats such as in person, by telephone, electronic mail, a letter, written report or union grievance and must contain the following information:

1. the name, address, and telephone or telecommunication device for the deaf (TDD) number of the Complainant (i.e. the individual claiming to be harmed by the discrimination);
2. the name and address of the Respondent (i.e. Alleged Violator) and all parties involved (OPM and/or specific individual(s));

3. a brief description of the alleged act(s) of discrimination and the date(s) it took place;
4. the date the complaint was filed;
5. a statement by the Complainant verifying that the information supporting the allegations of discrimination is true and accurate and to the best of the Complainants knowledge; and
6. Complainant signature.

Upon the filing of a complaint with the agency, the Designated Equal Employment Opportunity Officer will conduct an investigation of the complaint and, within thirty (30) business days from the filing of the complaint, she will provide a written (and/or in an alternative format, when necessary) report to the Complainant, the Respondent, the OPM Chief Administrative Officer and to the Secretary of OPM, as appropriate.

If there is evidence that shows the Complainant was or is the subject of discrimination, the parties shall endeavor to resolve the matter by conciliation/mediation within thirty (30) business days. If the endeavors to conciliate the matter are successful, a written agreement (and/or in an alternative format, when necessary) will be prepared for signature by the Complainant, the Respondent, the OPM Secretary and the Designated Equal Employment Opportunity Officer.

After investigating the alleged incident, if the Designated Equal Employment Opportunity Officer determines there is a lack of sufficient evidence to support the complaint, she will advise the Complainant, the Respondent, the OPM Chief Administrative Officer and the OPM Secretary, as appropriate, of such findings and dismiss the complaint.

Any Complainant who does not agree with the finding made in the investigation of their complaint, may appeal for a review and reconsideration by the OPM Secretary. Any such appeal must be in writing (or in an alternative format when necessary) and filed within ten (10) business days from the date the individual received the written report of the findings, and must include specific information or evidence in support of said appeal. The OPM Secretary shall advise the Complainant in writing (or in an alternative format when necessary), within thirty (30) business days of receipt of the appeal as to his or her action on such.

OPM has set a timeframe of within seventy (70) business days from the date of the filing of the complaint to process and resolve such matter(s). OPM will make every effort to comply with the Affirmative Action Regulations of Connecticut State Agencies Sec. 46a-68-89, entitled, "Discrimination Complaint Process", that requires resolution of grievances within ninety (90) calendar days.

If the Complainant does not accept the decision on the part of the Designated Equal Employment Opportunity Officer, or the OPM Secretary, the Complainant may file written complaints with:

Connecticut Commission on Human Rights and Opportunities (CHRO)

450 Columbus Boulevard
Hartford, CT 06103-1835
Telephone: (860) 541-3400 1-800-477-5737

The United States Equal Employment Opportunity Commission
John F. Kennedy Federal Building
475 Government Center
Boston, MA 02203
Telephone: 1-800-669-4000

The United States Department of Labor Wage and Hour Division
Hartford Connecticut District Office
135 High Street, Room 210
Hartford, CT 06103-1111
Telephone: (860) 240-4160

or any other agencies that enforce laws concerning discrimination.

In accordance with C.G.S. Sec. 46a-68(b)(4)(B), discrimination complaints made against the Secretary of OPM or OPM's Designated Equal Employment Opportunity Officer alleging that he/she directly or personally engaged in discriminatory conduct, or discrimination complaints made by the Secretary of OPM or OPM's Designated Equal Employment Opportunity Officer, should be directed to OPM General Counsel, Office of Policy and Management, 450 Capitol Avenue - MS#55SEC, Hartford, CT 06106, telephone (860) 418-6433. Such complaints shall be referred to CHRO within three (3) business days of receipt of the discrimination complaint, using the form prescribed by CHRO for such purposes, for review and, if appropriate, investigation by the Department of Administrative Services (DAS).

Separate and independent from the above processes, the employee, fellow or intern may file complaint(s) with the Connecticut CHRO; United States Equal Employment Opportunity Commission (EEOC); United States Department of Justice, Office of Civil Rights; United States Department of Labor, Wage and Hour Division; the Superior Court; and any other agencies, state, federal, or local, that enforce laws concerning discrimination in employment. A Complainant may choose to pursue any or all of these resources.

Any employee, fellow or intern who files a complaint has a right to have a legal representative or, if covered by a collective bargaining agreement, a union steward present during discussion of their complaint.

All records of any complaints and dispositions of the same shall be confidential except where disclosure is required by law.

In accordance with C.G.S. Sec 46a-82(f), any complaints filed pursuant to C.G.S. Sec. 46a-83, for an alleged act of discrimination that occurred prior to October 1, 2021, shall be filed with CHRO no later than one hundred eighty (180) days after the date of the alleged discriminatory practice or act occurred, *except* that any complaint by a person (A) claiming to be aggrieved by a violation of C.G.S. Sec. 46a-80(a) that occurred on or before October 1,

2019 shall be filed within thirty (30) days of the date of the alleged act of discrimination, and (B) claiming to be aggrieved by a violation of C.G.S. Sections 46a-60, 46a-70 to 46a-78, inclusive, 46a-80 or 46a-81(c), that occurred on or after October 1, 2019, and prior to October 1, 2021, shall be filed with CHRO not later than three hundred (300) days after the date of the alleged act of discrimination.

Any complaint filed pursuant to C.G.S. Sec. 46a-82(f) for an alleged act of discrimination that occurred on or after October 1, 2021, shall be filed within three hundred (300) days after the date of the alleged act of discrimination.

Complaints alleging discrimination 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 CHRO, such complaint shall be filed no later than three hundred (300) days after the alleged act occurred.

In accordance with C.G.S. Sec. 46a-68(b)(6), OPM's Designated Equal Employment Opportunity Officer shall not represent OPM before CHRO or the EEOC concerning a discrimination complaint. If a complaint of discrimination is filed with CHRO or the EEOC against OPM, the Attorney General or a designee of the Attorney General, other than OPM's Designated Equal Employment Opportunity Officer, shall represent OPM before the CHRO or the EEOC.

No employee, fellow or intern will be coerced, intimidated, or retaliated against by OPM or any employee, fellow or intern for performing any of the duties and responsibilities of developing and implementing the agency's affirmative action plan. Any person so aggrieved may file a complaint with CHRO. Furthermore, no employee, fellow or intern will be retaliated or discriminated against by OPM or any employee, fellow or intern for opposing any discriminatory employment practice or for exercising their right to file or participate in the processing of a discrimination complaint.



11/16/22

Jeffrey R. Beckham
Secretary

Date

Office of Policy and Management
Discriminatory Action Complaint Form

This is a fillable form. Please type in your answers and email to Carolyn Kozak at Carolyn.Kozak@ct.gov:

Last Name:		First Name:	
Division:		Position Title:	
Race:	Sex:		
Immediate Supervisor Name:			
Immediate Supervisor Title:			
Telephone number(s) where you can be reached:		Work#:	
Home #:	Cell#:	E-mail:	
Mailing Preference (check which you prefer):		Work Address	Home Address
Work Address: (Street, City, State, Zip)		Home Address:	
		If you prefer mail to your home address, please submit on a separate sheet. This information will be kept confidential.	

Please check any applicable items below:

I believe that on (enter incident date (mm/dd/yyyy)): **I have been:**

Discriminated Against **Harassed** **Retaliated Against**

On the basis of (please check any applicable items below):

- RACE COLOR RELIGIOUS CREED AGE (ENTER DOB:MM/DD/YYYY) SEX SEXUAL ORIENTATION GENDER
- GENDER IDENTITY OR EXPRESSION MARITAL STATUS ANCESTRY NATIONAL ORIGIN PREGNANCY/ FAMILIAL STATUS
- PRESENT / PAST HISTORY OF MENTAL DISABILITY INTELLECTUAL DISABILITY LEARNING DISABILITY
- PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS GENETIC INFORMATION
- STATUS AS A VETERAN STATUS AS A VICTIM OF DOMESTIC VIOLENCE SEXUAL ORIENTATION
- PRIOR CONVICTION OF A CRIME HAIR TEXTURE AND PROTECTED HAIRSTYLES
- EXERCISING RIGHTS AFFORDED BY PAID FAMILY MEDICAL LEAVE WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS

***COMPLETE THE FOLLOWING ONLY IF APPLICABLE:**

I believe that on _____ (mm/dd/yyyy) I was retaliated against by _____ (name) for previously opposing a discriminatory practice (Filing or testifying in an Equal Employment Opportunity Office Investigation, CHRO or EEOC grievance).

How was your employment adversely affected? (check any that apply)

- FAILURE TO HIRE FAILURE TO PROMOTE DEMOTION TERMINATION SUSPENSION/OTHER CORRECTIVE ACTION
- LESS THAN GOOD SERVICE RATING DENIAL OF TRAINING OR ACCOMMODATION UNEQUAL TREATMENT (PLEASE DESCRIBE):

Please complete page 2 and attach to this form, along with any other documentation.

I elect to resolve this through conciliation/mediation if possible

By signing below, I certify that the information provided herein is true to the best of my knowledge and belief.

I understand that I have the right to file my complaint with the Commission on Human Rights & Opportunities ([CHRO](#)) the U.S. Equal Employment Opportunity Commission ([EEOC](#)), and/or the United States Department of Labor, Wage and Hour Division ([DOL/WHD](#)) or with any other state, federal or local agency that enforces laws against discriminatory or illegal employment practices.

E-Signature of Complainant

Office of Policy and Management
Discriminatory Action Complaint Form

Alleged Violator(s) / Respondent(s): (use separate paper if more space is needed)

NAME	TITLE	DIVISION/UNIT

Witnesses (if any): (use separate paper if more space is needed)

NAME	TITLE	DIVISION/UNIT

Please provide a detailed description of your complaint. Include dates, locations, and times of incidents. *(You may attach additional pages or any other relevant documentation).* **Please number allegations if possible.**

(This area is intentionally left blank for providing a detailed description of the complaint.)

Remedy Requested / Suggestion for resolution?

E-Signature of Complainant

Date