## **DEPARTMENT OF ADMINISTRATIVE SERVICES**

## EQUAL EMPLOYMENT OPPORTUNITY UNIT

## **COMPLAINT FORM**

Name of Complainant:	Date:
Job Title:	
	Worksite/Depart. Address:
Name of Immediate Supervisor:	
Nature of Complaint: ( ) Discrimination	on; ( ) Harassment; ( ) Retaliation; ( ) Other
Protected Class or Activity:	
Name of Alleged Wrongdoer(s):	
Relationship of Wrongdoer(s) to Comp	plainant, if any:
Date of Incident(s):	
DESCRIPTION OF COMPLAINT (	(use reverse side if necessary):
SPECIFIC REMEDY REQUESTED	<b>)</b> :
Was this complaint filed with any othe () Yes () No If yes, with whom a	r enforcement agency (i.e., CHRO, EEOC, Union, Other) and Date Filed://

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).

	/
Signature of Complainant	Date

Rev: 1/2021 A.N.