



STATE OF CONNECTICUT
STATE DEPARTMENT OF EDUCATION



Equal Employment Opportunity – Center of Excellence
INTAKE COMPLAINT FORM

Name of Complainant: _____ Date: _____

Job Title: _____

Unit/Depart. Name: _____ Worksite/Depart. Address: _____

Name of Immediate Supervisor: _____

Nature of Complaint: Discrimination Harassment Retaliation, or Other: _____

Protected Class or Activity: _____

Name of Alleged Wrongdoer(s): _____

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

Date of Incident(s): _____

DESCRIPTION OF COMPLAINT *(Please feel free to attach additional documentation pages if needed to ensure all necessary information is included):*

SPECIFIC REMEDY REQUESTED: _____

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

I hereby declare that all statements made herein are true and accurate to the best of my knowledge. Furthermore, I realize that an inquiry will be initiated once the complaint has been filed and submitted via the agency EEO Officer.

_____/_____
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

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