OFFICE OF THE CHAIRPERSON Workers' Compensation Commission Capitol Place, 4th Floor Suites 21 Oak Street Heartford, CT 06106
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Administrative Law Judgi-Stephen M. Morelli, Chairpi Scott A. Barton Petler C. Mlynarczyk Jodi Murray Gregg Daniel E. Ditzer David W. Schoolcraft Brenda D. Jannotta Carolyn M. Colangelo William J. Watson III Maureen E. Driscoll Toni M. Fatone Soline M. Oslena Zachary M. Delaney Shanique D. Fenlator Beniamin Blake

Equal Employment Opportunity – Center of Excellence INTAKE COMPLAINT FORM

Name of Complainant:	Date:
Job Title:	
	Worksite/Depart. Address:
Name of Immediate Supervisor:	
Nature of Complaint: Discrimination;	Harassment; Retaliation; v Other:
Protected Class or Activity:	
Name of Alleged Wrongdoer(s):	
Relationship of Wrongdoer(s) to Comple	ainant, if any:
needed to ensure all necessary information is	lease feel free to attach additional documentation pages if is included):
SPECIFIC REMEDY REQUESTED:	
Was this complaint filed with any other Yes No If yes, with whom and	enforcement agency (i.e., CHRO, EEOC, Union, Other) d Date Filed:/

I hereby declare that all statements made herein ar knowledge. Furthermore, I realize that an inquiry filed and submitted via the agency EEO Officer.	•
Signature of Complainant	
I have received a copy of the agency's Discrimina process and timeframes for filing a complaint of a provides me with information about alternative leg Connecticut Commission on Human Rights & Opp Employment Opportunities Commission (EEOC).	lleged discrimination or harassment, and also gal remedies, such as filing with the portunities (CHRO) and the federal Equal
Signature of Complainant	/Date

Rev: 10/2024