CONNECTICUT
Consumer Protection

Commissioner Bryan Cafferelli

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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