



# STATE OF CONNECTICUT

INSURANCE DEPARTMENT

## 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;    Other \_\_\_\_\_

Protected Class or Activity: \_\_\_\_\_

Name of Alleged Wrongdoer(s): \_\_\_\_\_

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

Date of Incident(s): \_\_\_\_\_

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

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**SPECIFIC REMEDY REQUESTED:**

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Was this complaint filed with any other enforcement agency (i.e., CHRO, EEOC, Union, Other)

Yes      No

If yes, with whom: \_\_\_\_\_

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