



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

# STATE OF CONNECTICUT

## OFFICE OF EARLY CHILDHOOD

### Equal Employment Opportunity – Center of Excellence INTAKE COMPLAINT FORM



Beth Bye  
Commissioner  
Elena Trueworthy  
Deputy Commissioner

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: \_\_\_\_\_ / \_\_\_\_\_

---

\_\_\_\_\_/\_\_\_\_\_  
Signature of Complainant                      Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Complainant                      Date

Phone: (860) 500-4412 · Fax: (860) 326-0554  
450 Columbus Boulevard, Suite 301  
Hartford, Connecticut 06103  
[www.ct.gov/oec](http://www.ct.gov/oec)  
*Affirmative Action/Equal Opportunity Employer*