OFFICE OF THE CHAIRPERSON
Workers' Compensation Commission
Capitol Place, 4th Floor Suites
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Hartford, CT 06106

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STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Administrative Law Judges
Stephen M. Morelli, Chairperson
Peter C. Mlynarczyk
Jodi Murray Gregg
Daniel E. Dilzer
David W. Schoolcraft
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Soline M. Oslena
Shanique D. Fenlator
Benjamin Blake
Colette S. Griffin
Michael L. Anderson
Christine M. Conley

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; v 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 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

Rev: 10/2024