



DEPARTMENT OF HUMAN RESOURCES CITY OF NEW HAVEN

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City of New Haven Employee Complaint Form

Instructions: Before completing this form please read all instructions, including the Release Statement on page 6. Please print all responses

INDIVIDUAL FILING COMPLAINT:

Name: _____

Mailing address: _____

Phone number, home: _____ Phone number, work: _____

Current job title: _____

Department: _____

Work location: _____

How long have you worked for the City of New Haven? _____

Have you filed an official complaint with any other agency or commenced a private legal investigation?

Yes No

If YES, with whom was the action commenced? _____

At what stage is this action? _____

Have you attempted to resolve this matter by discussing it with someone else (management, union, EAP) ?

Yes No

If YES, please provide details: _____

COMPLAINT FILED AGAINST:

Name: _____

Title: _____

Department: _____

Work location: _____

GENERAL NATURE OF COMPLAINT: (please check all applicable boxes and provide dates on lines provided)

I believe I am a victim of Retaliation or Workplace Violence. _____

I believe I was

- suspended on or about _____
- demoted on or about _____
- transferred on or about _____
- warned on or about _____
- poorly evaluated on or about _____
- placed on probation on or about _____
- not accommodated on or about _____
- denied equal services on or about _____
- harassed on or about _____
- sexually harassed on or about _____
- earning unequal pay on or about _____
- denied a raise on or about _____
- not promoted on or about _____
- delegated unusual duties on or about _____
- other _____
on or about _____

I believe I have been discriminated against based on one or more of the following:

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age (over 40) |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Color |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion/Creed |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Mental Disability/Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Prior Criminal Record |
| <input type="checkbox"/> Other: _____ | |

Do you know of other employees or applicants of your group (basis of discrimination above) who were treated the same way you allege you were? *If yes, provide names, titles, race, sex, etc., and explain.*

- YES NO

OUTCOME OF THE INVESTIGATION

I would like to see the following as the outcome of the investigation:

CONFIDENTIALITY STATEMENT

The staff of the Department of Human Resources strives to maintain the confidentiality of the information obtained during the course of an investigation and in most cases, it will only be divulged on a need-to-know basis. However, some of the records obtained or created during the investigation may be subject to disclosure under the State statute.

I affirm that I have read the preceding information and charge (s) and attest that it is true to the best of my knowledge, information and belief.

I have read and understand the confidentiality statement. I hereby give the Department of Human Resources permission to thoroughly investigate my complaint. I understand the information gathered will be kept confidential to the extent possible.

Signature

Date submitted