

DEPARTMENT OF HUMAN RESOURCES
CITY OF STAMFORD

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City of Stamford 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 Stamford? _____

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:

Sexual Harassment: _____

Harassment:

Hostile Work Environment

Retaliation

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

Race

Age (over 40)

Sex

Color

National Origin

Religion/Creed

Sexual Orientation

Physical Disability

Mental Disability/Disorder

Learning Disability

Marital Status

Prior Criminal Record

Other Discriminatory Employment Practice (explain) _____

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

Please answer the following questions: *(Add additional pages if necessary and please print).*

1. Why do you believe the action(s) taken against you were because of your race, sex, disability, etc.?

2. What explanation, if any, was offered for the actions by the respondent?

3. If this is a disability complaint, describe the disability or why you think the person against whom this complaint is being filed regarded you as disabled. *(See additional pages if necessary.)*

4. If this is a Retaliation complaint, what act of discrimination did you oppose and when; have you participated in any grievances, complaints or hearings involving discrimination; what evidence will show a connection between your opposition and the treatment you received?

5. If this is a complaint based on your religion, how was your employer made aware of your religion; did you request any special accommodation for your religion? Explain.

6. Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge.

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