



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

INCIDENT REPORT FORM

Name _____ Division _____

Telephone numbers(s) where you can be reach: Work # _____

Home # _____ Cell # _____ Email: _____

Mailing Preference (check which you prefer): [] Work Address [] Home Address

Work Address: (Street, City, State, Zip) Home Address:
[] []
[] []
[] []

Date of Report _____ Job Title _____

A. Date of alleged discriminatory act/action _____

B. Formal complaint filed _____ yes _____ no

C. Union Grievance filed _____ yes _____ no

Please check any applicable items below:

I believe I have been: [] Discriminated Against [] Harassed

On the basis of:

[] Race [] Color [] Religious Creed [] Age (DOB: _____)

[] Sex [] Sexual Harassment [] Gender Identity or Expression

[] Marital Status [] National Origin [] Ancestry

[] Present/Past History of Mental Disability [] Sexual Orientation [] Intellectual Disability

[] Learning Disability including, but not limited to Blindness [] Pregnancy/Family Status

[] Genetic Information [] Prior conviction of Crime (subject to Sec. 46a-79, 46a-80 of C.G.S.)

COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:

I believe I was retaliated against by _____ (name) for previously opposing a discriminatory practice (Filing or testifying in an Affirmative Action Grievance, CHRO or EEOC grievance)

How was your employment affected? (check any that apply)

- Failure to Hire Failure to Promote Demotion
 Termination Suspension or other corrective action Poor Service Rating
 Denial of Training or Accommodation Unequal Treatment (Please describe): _____

Please state reasons for complaint in the space provided or attach a separate sheet. Provide all facts pertinent to the fact finding of your complaint. You should include dates, locations, names of witnesses and/or any information that supports your allegation(s).

Specific resolution requested:

I, _____ hereby attest to the details described in the preceding statement of facts. I further attest that they are true and correct to the best of my knowledge. I have been advised of the procedure that will be followed and of other avenues of legal redress open to me.

Signature of Complainant _____ Date _____