

DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES
Affirmative Action Grievance Form

**FORM
AA-100**

Please complete the following:

Last Name:		First Name:	
Facility:		Location/ Division:	
Race:	Sex:	Shift:	Days/Week:
Position Title:			
Immediate Supervisor Name and Title:			
Telephone number(s) where you can be reached:		Work#:	
Home #:	Cell#:	E-mail:	
Mailing Preference (check which you prefer): <input type="checkbox"/> Work Address <input type="checkbox"/> Home Address			
Work Address: (Street, City, State, Zip)		Home Address: If you prefer mail to your home address, please submit on a separate sheet. This information will be kept confidential.	

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 OR PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO, BLINDNESS PREGNANCY/ FAMILIAL STATUS

GENETIC INFORMATION PRIOR CONVICTION OF A 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 complete page 2 and attach to this form, along with any other documentation.

I elect to resolve this through mediation if possible

(Only in cases with no MHAS-20 Work Rule Violation or Affirmative Action investigations)

By signing below, I understand that I have the right to file my complaint with the Commission on Human Rights & Opportunities (CHRO), and/or the U.S. Equal Employment Opportunity Commission (EEOC), or with any other state, federal or local agency that enforces laws against discriminatory or illegal employment practices. I certify that the information provided herein is true to the best of my knowledge and belief:

Signature of Complainant

Date

Attached: *DMHAS Internal Employment Discrimination Grievance Procedure*
List of External Discrimination Complaint Agencies

