## DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES Affirmative Action Grievance Form AA-100

Last Name:       First Name:         Facility:       Location/ Division:         Race:       Sex:       Shift:       Days/Week:         Position Title:       Immediate Supervisor Name and Title:       Days/Week:         Telephone number(s) where you can be reached:       Work#:         Home #:       Cell#:       E-mail:         Mailing Preference (check which you prefer):       Work Address:       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 that on(mm/dd/yyyy) I have been:       Discriminated Against       Harassed         On the basis of:       RACE       CoLOR       RELIGIOUS CREED       ANCESTRY       Age (DOB:)       Sex         SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       Inational ORIGIN       Sex         WorkPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION       INTELLECTUAL DISABILITY       LearNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILLAL STATUS       GENDERI IDENTITY OR EXPRESSION       VETERAN STATUS       SEXUAL ORIENTATION <th colspan="8">Please complete the following:</th>	Please complete the following:								
Facility:       Location/ Division:         Race:       Sex:       Shift:       Days/Week:         Position Title:       Immediate Supervisor Name and Title:       Immediate Supervisor         Telephone number(s) where you can be reached:       Work#:         Home #:       Cell#:       E-mail:         Mailing Preference (check which you prefer):       Work Address:       Home Address         Work Address:       (street, City, State, Zip)       Home Address:         If you prefer mail to your home address, please submit on a separate steet.       separate steet.       Harassed         (Incident Date)       Please check any applicable items below:       Harassed         I believe that on(mrd/d/yyyy) I have been:       Discriminated Against       Harassed         @sexual Harassement       Gender IdeNTITY OR EXPRESSION       MARITAL STATUS       NATIONAL ORIGIN         @workPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       Retual LIATION       SEXUAL ORIGINAL ORIGIN         @workPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       Retual Disability (montal City)       Retual City)         @retueer that on      (mrd/d/yyy)       Insertal Disability (montal City)       Retual City)       Retual City)       Retual City)         Preleet consol				-					
Division:         Race:       Sex:       Shift:       Days/Week:         Position Title:       Immediate Supervisor         Name and Title:       Cell#:       E-mail:         Mailing Preference (check which you prefer):       Work Address:       Home Address:         Mailing Preference (check which you prefer):       Work Address:       Home Address:         Work Address:       State:       State:       Please check any applicable items below:         I believe that on       (mcident Date)       Discriminated Against       Harassed         On the basis of:       Race:       Coll @       ReLigious creect       Marassed         On the basis of:       Race:       Coll @       ReLigious creect       Marassed       Marassed         OwnkPLACE HARABS TO REPRODUCTIVE SYSTEMS       DRESENT / PAST HISTORY OF MENTAL DISABILITY       Retralution       SEX         SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       SEXUAL ORIGIN         Breader Conviction OF A CRIPPODUCTIVE SYSTEMS       DRESENT / PAST HISTORY OF MENTAL DISABILITY       Retralution         Intellectual DISABILITY       Delever and on       (mm/dd/yyy)       Intellectual Disability including Basility       (name) for         PRIOR CONVICTION OF A CRIME (subject Bear 79. 468 ed of C.G.S.)       (COMPLETE THE	Last Name:			Flist Name.					
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):       Work Address:       Home Address         Work Address:       (Street, City, State, Zip)       Home Address:       Home Address:         Work Address:       (Street, City, State, Zip)       Home Address:       Home Address:         I 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 that on(mn/dd/yyy) I have been:       Discriminated Against       Harassed         0n the basis of:       RACE       COLOR       REUGIOUS CREED       ANCESTRY       AGE (DOB:	Facility:								
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Name and Title:         Telephone number(s) where you can be reached:       Work#:         Home #:       Cell#:       E-mail:         Mailing Preference (check which you prefer):       Work Address       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:       It is information will be kept confidential.         I believe that on(nm/dd/yyyy) I have been:       Discriminated Against       Harassed         (Incident Date)       (mm/dd/yyyy) I have been:       Discriminated Against       Harassed         on the basis of:       CARCE       Color       ReLIGIOUS CREED       ANCESTRY       AGE (DOB:	Position Title:	1	<u> </u>						
Home #:       Cell#:       E-mail:         Mailing Preference (check which you prefer):       Work Address:       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:       Ibelieve that on(mm/dd/yyyy) I have been:       Discriminated Against       Harassed         I believe that on(mm/dd/yyyy) I have been:       Discriminated Against       Harassed         On the basis of:       Race       CoLoR       ReLIGIOUS CREED       ANCESTRY       AGE (DOB:									
Mailing Preference (check which you prefer):       Work Address       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:       Items below:         I believe that on(mm/dd/yyyy) I have been:       Discriminated Against       Harassed         On the basis of:       RACE       CoLOR       RELIGIOUS CREED       ANCESTRY       AGE (DOB:)       SEX         SEXUAL MARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       INATIONAL ORIGIN         WORKPLACE MAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION         INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILLAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       'COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:       I believe that on(mm/dd/yyy) I was retailated against by	Telephone number(s) w	/here you can be read	ched:	Work#:					
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 that on(mm/dd/yyyy) I have been: Discriminated Against Harassed (Incident Date)         On the basis of: Race Color ReLIGIOUS CREED ANCESTRY AGE (DOB:) SEX         SEXUAL HARASSMENT GENDER IDENTITY OR EXPRESSION MARITAL STATUS NATIONAL ORIGIN         WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS PRESENT / PAST HISTORY OF MENTAL DISABILITY RETALIATION         INTELLECTUAL DISABILITY LEARNING DISABILITY PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILIAL STATUS GENETIC INFORMATION VETERAN STATUS SEXUAL ORIENTATION         PREGNANCY/ FAMILIAL STATUS GENETIC INFORMATION VETERAN STATUS SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)         'COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:         1 believe that on(mm/dd/yyyy) 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):	Home #:	Cell#:		E-mail:					
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 that on(mm/dd/yyyy) I have been:       Discriminated Against       Harassed (Incident Date)         On the basis of:       RACE       COLOR       ReLIGIOUS CREED       ANCESTRY       AGE (DOB:)       SEX         SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       NATIONAL ORIGIN         WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION         INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:         I believe that on	Mailing Preference (check	which you prefer):	🗖 Wor	k Address	Home Address				
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(Incident Date)         On the basis of:       RACE       COLOR       RELIGIOUS CREED       ANCESTRY       AGE (DOB:)       SEX         SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       NATIONAL ORIGIN         WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION         INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:       (name) for         I believe that on(mm/dd/yyyy) I was retailated against by(name) for       grievance).       (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 check any	y applica	ble items below	<b>v</b> :				
(Incident Date)         On the basis of:       RACE       COLOR       RELIGIOUS CREED       ANCESTRY       AGE (DOB:)       SEX         SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       NATIONAL ORIGIN         WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION         INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:       (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):	<b>_ _</b>								
SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       INATIONAL ORIGIN         WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION         INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:         I believe that on(mm/dd/yyyy) I was retaliated against by(name) for previously opposing a discriminatory practice (Filing or testifying in an Affirmative Action Grievance, CHRO or EEOC grievance).       (name) for         How was your employment affected? (check any that apply)       FAILURE TO HIRE       FAILURE TO PROMOTE       DEMOTION         Proor SERVICE RATING       DENIAL OF TRAINING OR ACCOMMODATION       UNEQUAL TREATMENT (PLEASE DESCRIBE):									
SEXUAL HARASSMENT       GENDER IDENTITY OR EXPRESSION       MARITAL STATUS       NATIONAL ORIGIN         WORKPLACE HAZARDS TO REPRODUCTIVE SYSTEMS       PRESENT / PAST HISTORY OF MENTAL DISABILITY       RETALIATION         INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:         I believe that on(mm/dd/yyyy) I was retaliated against by(name) for previously opposing a discriminatory practice (Filing or testifying in an Affirmative Action Grievance, CHRO or EEOC grievance).       (name) for         How was your employment affected? (check any that apply)       FAILURE TO HIRE       FAILURE TO PROMOTE       DEMOTION         POOR SERVICE RATING       DENIAL OF TRAINING OR ACCOMMODATION       UNEQUAL TREATMENT (PLEASE DESCRIBE):									
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INTELLECTUAL DISABILITY       LEARNING DISABILITY       PHYSICAL DISABILITY INCLUDING, BUT NOT LIMITED TO BLINDNESS         PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:       (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):									
PREGNANCY/ FAMILIAL STATUS       GENETIC INFORMATION       VETERAN STATUS       SEXUAL ORIENTATION         PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)       *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:         I believe that on(mm/dd/yyyy) I was retaliated against by(name) for previously opposing a discriminatory practice (Filing or testifying in an Affirmative Action Grievance, CHRO or EEOC grievance).       (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):									
PRIOR CONVICTION OF A CRIME (subject to Sec. 46a-79, 46a-80 of C.G.S.)         *COMPLETE THE FOLLOWING, ONLY IF APPLICABLE:         I believe that on									
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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):	previously opposing a discriminatory practice (Filing or testifying in an Affirmative Action Grievance, CHRO or EEOC								
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Signature of Complainant Date	the U.S. Equal Employment Opportunity Commission (EEOC), or with any other state, federal or local agency that enforces laws against								
	Signatu	re of Complainant			Date				

## DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES Affirmative Action Grievance Form

Alleged Violator(s) / Respondent(s): (use separate paper if more space is needed)									
NAME		UNIT	PHONE #	SHIFT					
NAME		0.11		onin i					
Witnesses (if any): (use separate paper if more space is needed)									
NAME	TITLE	ÚNIT	PHONE #	SHIFT					
				-					
Please provide a detailed	description of your grievance	<ul> <li>Include dates, loca</li> </ul>	itions, and til	nes of					
	additional pages or any other relevant								
	ease number allegations if pos								
	ase number anegations in pos	Sible.							
Remedy Requested / How can this be resolved?									
Komony Koquesteu / How can this be resolved:									
Signature	of Complainant	Date		_					