

**CITY OF WATERBURY
HUMAN RIGHTS COMMISSION**

NAME (Indicate Mr., Mrs. or Miss)
STREET ADDRESS
CITY, STATE & ZIP CODE
TELEPHONE NUMBER(S) & AREA CODE (Indicate home, work, mobile)

NAMED IS THE ENTITY WHICH I ALLEGE DISCRIMINATED AGAINST ME:

NAME
STREET ADDRESS
CITY, STATE & ZIP CODE
TELEPHONE NUMBER(S) & AREA CODE
TYPE OF ENTITY (employer, labor organization, employment agency, government agency, real estate agency, landlord, other)
DATE OF MOST RECENT ALLEGED DISCRIMINATORY ACT

The particulars of this allegation of discrimination are set forth in my Complaint which I filed with the Waterbury Human Rights Commission (WHRC) on _____, Case No. _____, which is attached hereto and incorporated as if fully set forth herein.

Under penalties of perjury, I declare that I have examined information contained in this complaint and, to the best of my knowledge and belief; it is true, correct and complete.

(signature)

(date)

**CITY OF WATERBURY
HUMAN RIGHTS COMMISSION
City Clerk's Office
235 Grand Street, Waterbury, CT 06702**

AFFIDAVIT OF ILLEGAL DISCRIMINATORY PRACTICE

Case No. _____ DATE: _____

My name is: _____

My mailing address is: _____

The Respondent is: _____

Whose business address is: _____

I believe I was discriminated against as I was:

- | | |
|---|--|
| <input type="checkbox"/> Terminated | <input type="checkbox"/> Not hired/ not promoted |
| <input type="checkbox"/> Suspended | <input type="checkbox"/> Not rented a dwelling |
| <input type="checkbox"/> Placed on probation | <input type="checkbox"/> Harassed <input type="checkbox"/> Sexually harassed |
| <input type="checkbox"/> Demoted | <input type="checkbox"/> Earning a different rate of pay |
| <input type="checkbox"/> Warned | <input type="checkbox"/> Constructively discharged |
| <input type="checkbox"/> Given a poor evaluation | <input type="checkbox"/> Retaliated against |
| <input type="checkbox"/> Denied a raise | <input type="checkbox"/> Denied reasonable accommodation |
| <input type="checkbox"/> Less trained | <input type="checkbox"/> Delegated difficult assignments |
| <input type="checkbox"/> Denied housing or real estate services | <input type="checkbox"/> Denied public accommodations |
| <input type="checkbox"/> Denied service(s) _____ | |
| <input type="checkbox"/> Other _____ | |

The alleged discrimination occurred on or about _____ in Waterbury, CT.

I believe that my:

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital status |
| <input type="checkbox"/> Sex <input type="checkbox"/> male <input type="checkbox"/> female | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Previous opposition, filing, testimony or assistance | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental disability/disorder |
| <input type="checkbox"/> Age: DOB ____ | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Religious creed | <input type="checkbox"/> Familial status |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Gender identity or expression |
| <input type="checkbox"/> Lawful source of income | <input type="checkbox"/> Prior criminal record |

- | | |
|--|--|
| <input type="checkbox"/> Military or veteran status | <input type="checkbox"/> HIV status |
| <input type="checkbox"/> Alienage | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Limited English language skills | |

was/were in part a factor(s) in the above-stated alleged discriminatory action(s).

I believe that the respondent violated the following ordinances, statutes and acts listed below, enforced through C.G.S. §46a-58(a), if applicable, and Code of Ordinances, City of Waterbury §§93.01 – 93.04:

- Code of Ordinances, City of Waterbury §93.03
- Title VII of the Civil Rights Act of 1964, 42 U.S.C. 2000e (cite for over 15 individuals employed)
- Age Discrimination in Employment Act of 1967, 29 U.S.C. 621-634 (cite for over 20 individuals employed)
- Americans with Disabilities Act, 42 U.S.C. 12101
- Equal Pay Act of 1964, 29 U.S.C. 206
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 504
- C.G.S. §46a-58(a)
- C.G.S. §46a-60 (a)(4)
- C.G.S. §46a-60 (a)(5)
- C.G.S. §46a-60 (a)(7)
- C.G.S. §46a-60 (a)(8)
- C.G.S. §46a-64 (a)
- C.G.S. §46a-70
- C.G.S. §46a-71
- C.G.S. §46a-80
- C.G.S. §46a-81
- Other: _____

I provide the following particulars: (if additional space is needed, attach extra sheets)

1. My name is
2. The respondent is
3. The respondent employs more than _____ people.
- 4.

Case No. _____

I request the Waterbury Human Rights Commission investigate my complaint, attempt to mediate my complaint and/or to hold hearing(s) and make dispositions in accordance with its authority.

_____ being duly sworn, on oath, states that he/she is the complainant herein; that he/she has read the foregoing complaint and knows the content thereof; that the same is true of his/her own knowledge, except as to the matter herein stated on information and belief that as to these matters he/she believes the same to be true.

Dated in _____ on this _____.

Complainant's signature

Subscribed and sworn to before me on _____

(Notary Public/Commissioner of the Superior Court)

My commission expires _____

**NOTICE OF POTENTIAL RIGHT TO FILE
COMPLAINT WITH ANOTHER AGENCY**

This notice is to advise you that the charge to which you are a party, filed with the Waterbury Human Rights Commission (WHRC), will be processed by WHRC. The filing of this complaint with the WHRC may not toll the running of any time limitations within which you must file complaints relative to the incident(s) being complained of herein with any other agency or authority. You are responsible for determining whether or not you have the right to file a complaint with any other agency or authority and for determining what the rules and time limitations are for filing those complaints.

You may have the right to file a complaint with the State of Connecticut Commission on Human Rights & Opportunities (CHRO). For information regarding the CHRO complaint process, contact CHRO at:

Connecticut Commission on Human Rights & Opportunities
25 Sigourney Street
Hartford, CT 06106
860/541-3400
Connecticut Toll Free 800/477-5737
TTD 860/541-3459
FAX 860/246-5068

Or:

Connecticut Commission on Human Rights & Opportunities
West Central Regional Office
Rowland State Government Center
55 West Main Street
Suite 210
Waterbury, CT 06702-2004
203/805-6530
TTD 203/805-6579
FAX 203/805-6559

NOTICE OF NON-RETALIATION REQUIREMENTS

Section 704(e) of the Civil Rights Act of 1964, as amended, and Section 4(d) of the Age Discrimination in Employment Act of 1967, as amended, both prohibit an employer from discriminating against any employee or applicant for employment, or for an employment agency or labor organization to discriminate against any individual, because said employee, applicant or individual opposed any practice made unlawful under the particular Act or because said employee, applicant or individual made a charge, testified, assisted or participated in any manner in an investigation, proceeding or hearing under the particular Act. The Equal Pay Act of 1968 contains similar provisions.

Persons filing charges of discrimination are advised of these non-retaliation requirements and are advised to notify the Equal Employment Opportunities Commission (EEOC) if any attempt at retaliation is made. The EEOC may be contacted at:

Equal Employment Opportunity Commission (EEOC)
John F. Kennedy Federal Building
475 Government Center
Boston, MA 02203
800/669-4000
TTY 800/668-6820
FAX 617/565-3196

Case No. _____

REMEDY WORKSHEET

As part of a successful resolution in your case, the WHRC may be able to negotiate for you certain monetary and non-monetary damages. Please check where applicable:

- back pay less any interim earnings (unemployment compensation, other earnings, etc.)
- reinstatement
- merit increase
- promotion
- training
- restoration of fringe benefits
- accommodation
- cessation of harassment
- policy change(s)
- change in performance evaluation
- expunging of warnings in personnel file
- other _____

WHRC cannot recover attorney's fees or emotional distress damages in employment cases

Information necessary to calculate damages:

1. Date of discharge/failure to hire/failure to promote: _____
2. Rate of pay: ____/hour ____/week ____/year
3. Hours worked per week: _____
4. Did you work overtime regularly? yes no
5. If yes, how often and how many hours? _____
6. Other actual out-of-pocket expenses: _____
7. Do you want to return to work for respondent? yes no
8. List all other earnings/income since your discharge: _____

If you have been discharged from employment, it is your duty to look for other work even if you have filed a charge of discrimination. WHRC may require proof of attempts to find work. Keep accurate records of all such attempts. WHRC may also require proof of other earnings/income (W-2 forms, pay stubs or other documentation of pay history, tax returns, etc)

Case No. _____

NOTICE TO COMPLAINANT OF DUTY TO COOPERATE

I, _____, understand that it is my duty to respond timely to any request for information or assistance made to me by the WHRC and to cooperate with the WHRC at all times. Further, I understand that it is my sole duty and responsibility to notify the WHRC of my whereabouts at all times during the pendency of this complaint and, in the event that my address, telephone number and/or other contact information changes, it is my duty to notify the WHRC immediately. I further represent that the individual named below whose address, telephone number and contact information is stated, will always know my whereabouts and can always contact me.

Name _____

Address _____

(no. and street)

(city, state)

Zip Code _____

Telephone _____

Alternate telephone _____

Additionally, I promise to provide the WHRC the following documents within no more than two (2) working days after my receipt of said documents. (check applicable documents)

- Any and all decisions and/or determinations made by the Connecticut Department of Labor, Division of Unemployment Compensation (DOL), respecting my eligibility to receive Unemployment Insurance Compensation
 - Any and all written documents provided by my employer to DOL indicating my employer's consent or objection to my receiving benefits
 - Any and all transcripts and/or recordings of testimony given by me or my employer to DOL
 - Any and all copies or union grievances filed by me or my co-workers challenging the behavior of my employer, including the outcome of any such grievance
 - Any additional documentation (describe)
- _____

If, at any time, WHRC is unable to contact me, WHRC will be deemed as having provided me with actual notice by mailing two (2) notices/letters, via first-class mail, to my last known address. It will be presumed that I have received the notice/letter unless returned to WHRC by the Post Office.

By: _____

(signed)

Date: _____

Complainant must sign this original form and be provided a copy

Case No. _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize disclosure by:

(address)

To the WHRC the information and records specified below that concern my complaint filed with the WHRC.

- medical records
- personnel records
- credit rating
- other information, in particular, _____

(sign)

(date)

(social security number)

(date of birth)

(address)

Case No. _____

COMPLAINANT'S WITNESS LIST

Date of Filing: _____

Complainant: _____

Respondent: _____

If this Complaint is retained for a hearing, I identify the following persons as relevant witnesses. Please state the name, address and telephone number for each of the listed witness. Please also state the specific information or testimony to be provided by each witness.

I have no witnesses at this time

(signature)

(date)

Case No. _____

INFORMATION REGARDING PREVIOUSLY FILED COMPLAINTS WITH WHRC

Please provide the following information:

I have filed a previous complaint(s) with WHRC. For each prior complaint, provide the following:

Date of Filing: _____
Case Number: _____
Name of Respondent _____
Basis: _____

I have not filed a previous complaint

I understand that my failure to disclose this information may lead to a delay in the processing of my complaint or dismissal of my complaint for failure to cooperate.

(signature)

(date)