State of Connecticut
Commission on Human Rights and Opportunities

Before you Begin...

The attached CHRO complaint and the related forms are for employment cases only have been posted on the internet for your convenience. We understand that people are not always able to come to an appointment at the CHRO to get our assistance in drafting a complaint, or that you may prefer not to wait for an intake appointment or that you may not need our assistance to file a complaint.

Please note you generally are required to file a complaint within 180 days of the last discriminatory act. Please file one complaint per respondent. Only you can decide whether tto complete the forms yourself or schedule an appointment so that we can assist you. You may want to seek the assistance of a lawyer to help you decide what to do.

If you want to fill in the complaint and related forms yourself, please print it out and sign the complaint in front of a notary or an attorney. Make a copy of all of the forms and mail the original forms to the regional CHRO office using the link provided below.

Although we are providing this tool to fill out a complaint on your own, we are still available to sit down with your to review the forms you filled out or to help your draft your complaint.

If you have any questions or would like our assistance please contact the CHRO office that covers the city or town where the alleged discrimination took place. For a list of cities and CHRO offices please go to:

http://www.ct.gov/chro/cwp/view.asp?a=2523&Q=315790

State of Connecticut
Commission on Human Rights and Opportunities

AFFIDAVIT OF ILLEGAL DISCRIMINATORY PRACTICE - Employment

For CCHRO Office Use Only

Date Filed:_____ CASE NO:_____

My name is _____

and I reside at _____

My mailing address is (if different than Street address)_____

My telephone number is (Home) _____ (cell)_____

My email address is:_____

The respondent is/are _____

whose business address is_____

The alleged discrimination took place in the town/city of_____

The last discriminatory action took place on (insert date)_____

I was

☐ denied reasonable accommodation on the basis of a disability on or about (insert date)_____

☐ terminated on or about _____
☐ laid off on or about_____
☐ demoted on or about_____
☐ poorly evaluated on or about_____
☐ sexually harassed on or about_____
☐ earning unequal pay on or about_____
☐ delegated unequal duties on or about_____
☐ delegated difficult assignments on or about ____
☐ placed on probation on or about_____
☐ given reduced duties on or about_____
☐ denied equal services on or about_____
☐ suspended on or about_____
☐ not recalled on or about_____
☐ harassed on or about_____
☐ warned on or about_____
☐ denied a raise on or about_____
☐ transferred on or about_____
☐ constructively discharged on or about_____
☐ not hired on or about_____
☐ not promoted on or about_____
☐ less trained on or about_____
☐ retaliated against on or about_____
☐ discriminated against in terms and conditions of employment on or about_____
☐ other_____on or about_____

And believe that my

☐ age: _____Date Of Birth:___-____-_____
☐ physical disability (IDENTIFY):_____
☐ learning disability(IDENTIFY): _____
☐ mental disorder(IDENTIFY):_____
☐ sexual orientation (IDENTIFY): _____
☐ Gender identity or expression_____
☐ sex: ☐male ☐female
☐ religious creed/creed(IDENTIFY):_____
☐ previously opposed, filed or assisted
☐ other _____
☐ marital status_____
☐ race(IDENTIFY):_____
☐ color (IDENTIFY):_____
☐ national origin(IDENTIFY):_____
☐ ancestry(IDENTIFY):_____
☐ Alienage (IDENTIFY): _____
☐ intellectual disability _____
☐ sex: PREGNANCY_____
☐ prior criminal record (state employment only)

Was/were in part a factor(s) in this action

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Directions: if any information is irrelevant write "n/a". If any information is unknown write "unknown" If you need to add additional information please add an additional sheet of paper and identify which paragraph it relates to.

1. I worked for respondent at the following location _____
   or I applied to work for the respondent at the following location _____
   _____.

2. The respondent employs at least _____ people.

3. I began working for the respondent on or about _____ as a _____
   or I applied to work for the respondent on or about _____ as a _____.

4. My most recent job title was/is _____.

5. I believe respondent discriminated against me on _____ when
   _____
   _____
   _____
   _____
   _____.

Use additional sheets if necessary

6. The following individual(s) not of my class bases were treated more favorably _____
   _____
   when _____

Use additional sheets if necessary

7. For harassment claims only: The person who harassed me was/is ☐ a supervisor or ☐ a co-worker. I reported the harassment _____ on _____
   and as a result of my report _____
   _____.

Use additional sheets if necessary

8. For retaliation claims only: I complained about discrimination to _____
   on _____ and as a result of my report _____
   _____
   _____
   _____.

   ☐ **I request that those individuals or entities also be named as Respondent(s) to this action.**

Use additional sheets if necessary

9. For disability claims only: On _____ I was diagnosed with the following disability/disabilities _____.
   I believe that the respondent was aware of my disability/disabilities because _____
   _____.

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Use additional sheets if necessary

10. For disability/reasonable accommodations claims only. I asked the respondent for the following accommodations(s) to assist me with my disability_____.
I made this request to _____ ☐ verbally on or about_____
and/or ☐ in writing on or about _____. After I made the request the respondent responded in the following way _____.
I was unhappy with the way that the respondent responded because._____
_____
_____
_____.

Use additional sheets if necessary

11. For perceived disability claims only: Although I am not disabled I believe the respondent believed I had the following disability/disabilities _____
and treated me differently based on that belief in the following ways(s)_____
_____
_____
_____.

Use additional sheets if necessary

12. For pregnancy discrimination claims only: I was pregnant from on or about _____
to _____ and the respondent knew about my pregnancy because _____
_____. The respondent took the following action(s) against me which I believe was based on my pregnancy
_____
_____
_____.

Use additional sheets if necessary

13. For aiding and abetting claims only. I believe the following individuals or entities abetted the respondent in the discrimination I alleged above _____
and their mailing addresses is/are _____
_____.
The actions these individuals or entities took are_____
_____
_____
_____
_____
_____.

☐ **I request that those individuals or entities also be named as Respondent(s) to this action.**

Use additional sheets if necessary

14. Any other information that is important about this case _____
_____

Use additional sheets if necessary

15. I therefore charge the Respondent(s) with discriminating against me based on my protected class base(s) and I request all damages that I might be entitled to under the relevant statutes.

IMPORTANT: YOU MUST OBTAIN A NOTARIZATION OF YOUR COMPLAINT BEFORE YOU RETURN THIS FORM

I request the Connecticut Commission on Human Rights and Opportunities investigate my complaint, secure for me my rights as guaranteed to me under the above cited laws and secure for me any remedy to which I may be entitled.

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

Dated at _____, Connecticut this ____ day of _____

20_____.

X_____
(Complainant's Signature)

Subscribed and sworn to before me this _____day of _____ 20_____

_____
Notary Public or Commissioner of
the Superior Court

My Commission Expires:_____

State of Connecticut
Commission on Human Rights and Opportunities

THIS SECTION TO BE FILLED OUT BY CHRO STAFF
Respondent violated the following statutes and acts listed below, as amended, enforced through Conn. Gen. Stat. §46a-58(a) if applicable.

☐46a-60(a)(1) ☐ 46a-60(a)(4) ☐ 46a-60(a)(5) ☐46a-60(a)(7)_____
☐46a-60(a)(8)( )( )_ ☐46a-60(a)(9) ☐46a-60(a)(10) ☐46a-60(a)(11)
☐46a-63 ☐46a-64(a)( ) ☐46a-66(a) ☐46a-70a ☐46a-71_____
☐ 46a-75 ☐46a-80_____ ☐46a-81c_____ ☐46a-81d(a)_____
_____
☐46a-81f_____ ☐46a-81g ☐46a-81h_____ ☐46a-81l_____ ☐10-15(c)
☐Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C 2000e and the Civil Rights Act of 1991 (15 + employees) ☐Age Discrimination in Employment Act of 1967, 29 U.S.C. 621-634 (20+ employees and over the age of 40) ☐ Equal Pay Act of 1964
☐ Americans With Disabilities Act, 42 U.S.C. 12101 et seq.
☐ Rehabilitation Act of 1973, as amended
☐Other:_____

State of Connecticut
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COMPLAINANT WITNESS LIST

_____
COMPLAINANT

CHRO NO.: _____

VS.

DATE FILED: _____

_____
RESPONDENT(S)

Witness Name:
Address:
Telephone
Relationship to Incidents:
List Specifics to which this person can testify

_____

Witness Name:
Address:
Telephone
Relationship to Incidents:
List Specifics to which this person can testify

_____

Witness Name:
Address:
Telephone
Relationship to Incidents:
List Specifics to which this person can testify

_____

(Use additional sheets if necessary)

☐ I have no witnesses at this time.

X_____
Complainant's Signature

X_____
Date

F001(7)

State of Connecticut
Commission on Human Rights and Opportunities

NOTICE TO COMPLAINANT OF DUTY TO COOPERATE

Case No. _____

I, _____, understand that it is my duty to respond timely to any information and/or assistance requested of me by the Commission and to cooperate with the Commission at all times. Further, I understand that it is my sole duty and responsibility to notify the Commission of my whereabouts at all times throughout the pendency of this complaint and, in the event my address and/or telephone number changes, it is my duty to notify the Commission immediately. In this respect, I represent that the individual named below, whose address and telephone number is as stated, will always know my whereabouts and can always contact me:

Complainant MUST COMPLETE. Please identify someone who does not reside with you!

Contact Name:_____

Contact Address:_____

Contact Phone:_____ Phone 2_____

Additionally, I will provide copies of the following documents to the Commission upon my receipt of them. {check applicable boxes]

☐yes ☐no a) Copies of any and all decisions and/or determinations made by CT Dept of Labor, Div. of Unemployment Compensation, respecting my eligibility to receive Unemployment Insurance Compensation.

☐yes ☐no b) copies of any writing that my employer gives to CT Dept of Labor as to its consent and/or objection to my receiving benefits.

☐yes ☐no c) copies of any transcripts and/or tape recordings of testimony given by myself and my employer to the CT Dept of Labor.

☐yes ☐no d) copies of any union grievances filed by co-workers or myself challenging the company's behavior, the outcome of the grievances, etc.

☐yes ☐no e) other information, please describe:

If at any time the Commission is unable to contact me, the Commission will be deemed to have provided me with actual notice by mailing two letters first class mail to my last known address. It will be presumed that once the letters have been mailed that I have received the correspondence unless the letters are returned to the Commission by the Post Office
CHRO No./Name:

For the purposes of the EEOC notice requirement, when the Commission is unable to contact me, a letter will be sent certified mail, return receipt requested. Once this letter has been mailed I will be deemed to have received actual notice.

X_____ X_____
Complainant's signature Date

CHARGE OF DISCRIMINATION **THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974; SEE PRIVACY ACT STATEMENT BEFORE COMPLETING THIS FORM.**	AGENCY FEPA XX EEOC	CHARGE NUMBER

CONNECTICUT COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES and EEOC
State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)	Home Telephone (include area code)

STREET ADDRESS	CITY, STATE AND ZIP CODE	**Date of Birth**

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW).

NAME	NUMBER OF EMPLOYEES, MEMBERS	Telephone (include area code)

STREET ADDRESS	CITY, STATE AND ZIP CODE	**COUNTY**

NAME	Telephone (include area code)

STREET ADDRESS	CITY, STATE AND ZIP CODE	**COUNTY**

CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE AREA) ☐Race: ☐Color: ☐ Sex ☐Religion ☐National Origin ☐ Retaliation ☐ Age ☐Disability ☐Other (specify)	Date Discrimination Took Place Earliest Latest __ Continuing Action

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

FOR EEOC/CHRO USE ONLY

The particulars of this charge of discrimination are set forth in my complaint number _____Which I filed with the Connecticut Commission on Human Rights and Opportunities on _____ And which are attached hereto and incorporated as if fully set forth herein.

I want this charge filed with both the EEOC and the State or local agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures	Notary (When necessary for State and Local Requirements) X _____ *Signature of Notary*
I declare under penalty of perjury that the foregoing is true and correct. X X Date Charging Party(signature)	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. X _____ *Signature of Complainant* _____ Subscribed and sworn to before me this date (Day, month, year)

EEOC Form 5 (Rev. 3/01)

PRIVACY ACT STATEMENT

CHRO No. _____

(This form is covered by the Privacy Act of 1974, Public Law 93-579: Authority for requesting the personal data and the uses given below).

1. *FORM NUMBER/TITLE/DATE. EEOC Form 5, CHARGE OF DISCRIMINATION, March 1984*
2. *AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626.*
3. *PRINCIPLE PURPOSE(S). The purpose of the charge, whether recorded initially on this form or in some other way reduced to writing and later recorded on this form, is to invoke the jurisdiction of the Commission.*
4. *ROUTINE USES. This form is used to determine the existence of facts which fall within the Commission's jurisdiction to investigate, determine, conciliate and litigate charges of unlawful employment practices. Information provided on this form will used by Commission employees to guide the Commission's investigatory activities. This form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. A copy of this charge will ordinarily be served upon the person against whom the charge is made.*
5. *Whether disclosure is mandatory or voluntary and effect on individual for not providing information. Charges must be in writing and should identify the parties and action or policy complained of. Failure to have a charge which identifies the parties in writing may result in the Commission not accepting the charge. Charges under Title VII must be sworn to or affirmed. Charges under the ADEA should ordinarily signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to provide the requested information.*
6. *[ ] Under Section 706 of Title VII for the Civil Rights Act of 1964, as amended, this charge will be deferred to and will processed by the State or Local Agency indicated. Upon completion of the agency's processing, you will be notified of its final resolution in your case. If you wish EEOC to give a Substantial Weight Review tot he agency's findings you must request to do so, in writing, within fifteen (15) days of your receipt of the agency's finding. Otherwise, we will adopt the agency's finding as EEOC's and close your case.*

Notice of Non-retaliation Requirements

Section 704(a) of the Civil Rights Act of 1964, as amended, and Section 4(d) of the Age Discrimination in Employment Act of 1967, as amended, state:

> *It shall be an unlawful practice for an employer to discriminate against any of his employees or applicants for employment, for an employment agency to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership, because he has opposed a practice made an unlawful employment practice by this title or because he has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under this title.*

The Equal Pay Act of 1963 contains similar provisions. Persons filing charges of discrimination are advised of these Non-Retaliation Requirements and are instructed to notify EEOC if any attempt at retaliation is made.
EEOC Form 5

NOTICE OF RIGHT TO REQUEST REVIEW

This notice is to inform you that the charge to which you are a party, filed with both the Connecticut Commission on Human Rights and Opportunities (CCHRO) and the federal Equal Employment Opportunity Commission (EEOC), will be processed by the CCHRO.

In accordance with the Commission's Procedural Regulations, the Commission will accept the CCRHO's final finding or resolution of the charge and adopt it as its own unless a party to the charge requests the EEOC to conduct a review of the CCHRO's final action.

To exercise this right you must submit your request for review, in writing, to the EEOC office at the following address:
Equal Employment Opportunity Commission, John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203, within fifteen (15) days of the date on which you receive the CCHRO's notice of its final findings.

If you have any questions concerning this notice or your right to request review, please contact this office at (860) 886-5703.

I AKNOWLEDGE RECEIPT OF THIS NOTICE

X _____ _____
Signature of Complainant Date

_____
Respondent's Name

CCHRO/FEPA No.: _____

EEOC No.: 16A_____

State of Connecticut
Commission on Human Rights and Opportunities

AUTHORIZATION TO RELEASE
INFORMATION FROM THE RECORDS OF

Case No. _____

_____
(Name of Undersigned)

I authorize disclosure by _____

to the representative of the CONNECTICUT COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES of the information and record specified below that concern my complaint filed with the COMMISSION.

- ☐ Medical Records
- ☐ Personnel Records
- ☐ Credit Rating, or information as listed below:

X_____ _____
(Signature of Complainant) (Date)

_____
(Date of Birth)

_____ _____
(Address) Telephone Number

State of Connecticut
Commission on Human Rights and Opportunities

REMEDIES AND/OR DAMAGES WORKSHEET

If You Win Your Case

Case No._____

If your claim of illegal discrimination is successfully established, the Connecticut Commission on Human Rights and Opportunities (CHRO) may be able to obtain for you, the complainant:

- back pay minus interim earning (such as unemployment compensation, earning from other job, etc.);
- reinstatement; and
- restoration of fringe benefits

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. You may be required to provide CHRO a record and evidence of your attempts to find work. Please keep accurate records of all such attempts.

In most cases, the Commission cannot recover attorney's fees or emotional distress damages.

Information necessary to calculate your damages
(If you need more space, please attach additional sheets.)

Date of discharge/failure to hire/failure to promote: _____

Pay rate: _____per hour

Number of hours worked per week: _____

Did you work overtime regularly? ☐Yes ☐No

If yes, how often and how many hours per week: _____

Other actual out-of-pocket expenses (medical, etc.) _____

Do you want to go back to work for the respondent? ☐Yes ☐No

If you have been discharged, please list your other earnings: _____

Please describe any other non-monetary damages you believe you may be entitled to:

X_____ _____
Complainant's signature Date

Note: CHRO may require you to provide copies of various employment documents, which may include: W-2 forms, pay stubs or other documents showing pay history or tax returns.

Last revised 1/10/02

State of Connecticut
Commission on Human Rights and Opportunities

INFORMATION REGARDING COMPLAINTS PREVIOUSLY FILED WITH THE COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES

CHRO NO. _____

☐ **I have not filed previous complaints with the Commission.**

☐ **I have filed previous complaints with the Commission.**

Please provide the following information on complaints you have previously filed:

CHRO Case Number/Name:_____

Incident(s) alleged:_____

CHRO Case Number/Name: _____

Incident(s) alleged: _____

X_____
Signature

_____
Date

Form 103(1)
Addendum (

State of Connecticut
Commission on Human Rights and Opportunities

Complaint Filing Check List

Did You

- ❑ Read the Affidavit for accuracy?
- ❑ Sign the Affidavit and EEOC charge form before a Notary Public or Attorney?
- ❑ Complete the other filing documents to the best of your ability?
- ❑ Mail the <u>entire</u> package back to the Commission for processing?

State of Connecticut
Commission on Human Rights and Opportunities

GENERAL NOTICE:
PARTIES' RIGHTS, DUTIES AND RESPONSIBILITIES

PURPOSE OF MEMORANDUM

This memorandum briefly introduces the Commission's complaint investigation procedures. It is not a substitute for the stat-utes and regulations that govern Commission investigations. These provisions are available on the Commission's website, www.ct.gov/chro along with other helpful information. Make sure you look at our statutes and regulations if you want to have a more complete understanding of our investigative process.

ARTICLE I – PARTIES' RIGHTS AND DUTIES

SECTION 1: DUTY TO COOPERATE

Parties have a duty to cooperate with the Commission. Parties must respond to any information or assistance requested by the Commission within the time given to reply.

The Commission must be able to contact you by telephone, email or regular mail at all times. If your email address, street address or telephone number changes, you must notify the Commission immediately in writing. If a party's contact information is not accurate and up to date, the Commission may dismiss the complainant's complaint or default the respondent.

SECTION 2: RIGHT TO COUNSEL

You may have an attorney represent you if you choose to hire one. Commission legal counsel represents the Commission and not the parties.

SECTION 3: DUTY TO PROVIDE OTHER PARTY WITH INFORMATION

When you send a document or other evidence to the Commission, you must send a copy of the same document or evidence to the other party. Attach a certification to whatever you are filing with the Commission that lists the name and address of the person(s) you have copied. If you do not attach a certification, the Commission may not accept the document.

If a party is represented by an attorney, you only need to send a copy of the document or other evidence to the attorney. You do not need to provide a separate copy to the party.

SECTION 4: RESPONDENT'S DUTY TO ANSWER UNDER OATH

The respondent must file with the Commission a written answer to the complaint under oath within 30 calendar days of the receipt of the complaint. One 15 day extension may be granted by the Commission for good cause.

SECTION 5: FORM OF OATH

The answer must be under oath. While the form of the oath is optional, the requirement of an oath is not. Answers not filed under oath are subject to default as outlined in Article II, Section 9.

State of Connecticut
Commission on Human Rights and Opportunities

The following is a form of the oath that may be used:

OATH

State of Connecticut

County of _____ ss. (name of town where oath taken)

Personally appeared (name of respondent, president or other competent witness) and made oath to the truth of the matter contained in the foregoing answer before me on this _____ day of _____, 20 .

_____
Notary Public/Commissioner of the
Superior Court

SECTION 6: FORM OF RESPONDENT'S ANSWER

The respondent must answer each and every allegation set out in the complaint. For each allegation the respondent should admit, deny or claim insufficient knowledge to answer. If the respondent admits or denies part of an allegation, it must do so even if it has insufficient knowledge as to another part of that allegation.

If the respondent denies an allegation, the Commission requests that it set out the facts on which it relies for the denial and attach any and all supporting documentation.

SECTION 7: RIGHT TO INSPECT, COPY AND COMMENT

The parties have a right to inspect and copy documents in the Commission's case file except as provided in state or federal law and to provide written or oral comment on the evidence before the investigator issues a finding.

SECTION 8: RIGHT TO ALTERNATE DISPUTE RESOLUTION

Although the Commission is available to assist you in settling this complaint, the parties may elect to use Alternative Dispute Resolution (ADR)at their own expense. ADR allows the parties to select a neutral third party to mediate and/or arbitrate their dispute. If you elect to pursue this process, the Commission will suspend its investigation into the complaint for a period of 90 days.

SECTION 9: DUTY TO ACCEPT A MAKE WHOLE RELIEF OFFER

The Commission may dismiss a complaint if the complainant fails to accept a make whole relief offer. A make whole relief offer is one where the respondent has eliminated the discriminatory practice complained of, taken steps to prevent a like occurrence in the future and offered full relief to the complainant.

SECTION 10: RIGHT TO BRING ACTION TO ENFORCE AGREEMENT

A party to a conciliation agreement who believes the agreement is being violated with may bring an action to enforce the agreement in the Superior Court within one year of the violation.

SECTION 11: DUTY TO PROVIDE INFORMATION

The complainant has a duty to provide whatever information is in his or her possession or available by reasonable means to prove any allegation of the complaint that the respondent denies within 30 days of receipt of the respondent's answer.

The respondent has a duty to answer the complaint. While the Commission prefers that respondents provide all information in their possession or available by reasonable means voluntarily, the Commission has a right under statute to obtain information by subpoena or by other means if the information is not provided.

SECTION 12: RIGHT TO LEGAL REVIEW

Unless the Complainant requests a release of jurisdiction within 15 days from the sending of the notice of dismissal, any complaint dismissed at merit assessment will be automatically reviewed by an attorney in the Legal Division, who will reinstate or reject reinstatement of the complaint within 60 days of the transmittal of the notice of dismissal.

If the attorney rejects reinstatement of the complaint, a release of jurisdiction will be sent to the Complainant, allowing the Complainant to bring a civil action in Superior Court.

SECTION 13: DUTY TO PARTICIPATE IN MANDATORY MEDIATION

The Commission will schedule mandatory mediation in all cases that are retained after a merit assessment review. Both parties must participate. The purpose of mediation is to see whether there is a way the parties can agree to settle the dispute with-out having to conduct an investigation.

If the complainant fails to attend mandatory mediation without a showing of good cause the complaint may be dismissed. If the respondent fails to attend mandatory mediation without a showing of good cause the respondent may be defaulted.

SECTION 14: RIGHT TO REQUEST EARLY LEGAL INTERVENTION

If mediation was not successful, the Commission will assign an investigator to conduct an investigation within 15 days of the failure of mediation. At any time after an investigator is as-signed, the complainant, respondent or the Commission may ask for early legal intervention. Within 90 days, an attorney in the agency's Legal Division will determine whether the complaint should proceed directly to public hearing, whether an investigation should be conducted, or whether a release of jurisdiction should be issued.

SECTION 15: DUTY TO PARTICIPATE IN A FACT-FINDING CONFERENCE

A fact-finding conference is a hearing in which the investigator collects information that will help decide the case. If the investigator schedules fact-finding, it is the responsibility of the parties to bring any witnesses or documents that support your claims just as you would do if you had a trial in court.

If witnesses will not voluntarily attend, you may contact the investigator well ahead of the fact-finding to see whether the Commission will issue a subpoena. Represented parties should seek subpoenas through their private attorneys pursuant to CONN. GEN. STAT. § 51-85.

The Commission may default a respondent or dismiss a complaint for failure to attend a fact-finding conference without good cause.

SECTION 16: RIGHT TO COMMENT UPON DRAFT SUMMARY

Parties have 15 days from the mailing of the preliminary draft finding to provide comment. The investigator must consider any comment received from a party before issuing a final finding.

SECTION 17: RIGHT TO REQUEST RECONSIDERATION

If the Commission determines that there is no reasonable cause to believe that the respondent committed a discriminatory practice, the complainant has 15 calendar days from the date the notice of dismissal is sent to the parties to request that the Commission reconsider the dismissal. The request must be in writing and state specific reasons why reconsideration should be granted.

SECTION 18: RIGHT TO APPEAL

The complainant may appeal the dismissal of the complaint for no reasonable cause, for failure to attend mediation, after a final order of a human rights referee or after reconsideration is rejected. The Commission and the respondent may appeal after a final order of a human rights referee.

The appeal is to the Superior Court. Any appeal must strictly comply with all applicable statutory and other requirements.

SECTION 19: RIGHT TO BRING AN ACTION IN SUPERIOR COURT

Generally all complaints alleging illegal discrimination must be filed with the Commission. A complainant may, however, file an action directly in court if the action involves an alleged discriminatory state practice, housing discrimination, discriminatory credit practices or to enforce a conciliation agreement.

Complainants who file complaints with the Commission may request a release of jurisdiction of their state law claims and proceed to Superior Court if their complaint has been pending with the Commission for at least 180 days. They may also obtain a release prior to 180 days if they request

an expedited merit assessment review. The complainant and respondent may jointly request a release at any time after a complaint has been filed.

ARTICLE II - COMMISSION PROCESSES AND PROCEDURAL DUTIES

SECTION 1: 90 DAY MERIT ASSESSMENT REVIEW

Within 90 days of the filing of the answer, the Commission will conduct a merit assessment review. The purpose of the review is to determine if the complaint fails to state a claim for relief or is frivolous

on its face, if the respondent is exempt from the provisions of our law or if there is no reasonable possibility that further investigation will result in a finding of reasonable cause.

The merit assessment review will be based on the complaint, the respondent's answer and responses to the Commission's requests for information, and the complainant's comments to the respond-ent's answer and information responses.

If the Commission dismissed the complaint at merit assessment, a complainant may request a release of jurisdiction within 15 days of the sending of the notice of dismissal. A Commission attorney will review any complaint where a release is not requested. The attorney may reinstate or deny reinstatement of any dismissed complaint. The Commission will issue a release if a complaint is denied reinstatement.

SECTION 2: MANDATORY MEDIATION

Complaints that are not dismissed at merit assessment will be scheduled for mandatory mediation. The mediator will be an investigator in the regional office, a Commission legal counsel or other person qualified to mediate. When a complaint is scheduled for mandatory mediation, both parties must attend the session.

SECTION 3: COMPLAINT PROCESSING OPTIONS

If mediation is not successful, the Commission will determine the best way to process the complaint. The Commission may conduct fact-finding, a complete investigation, a combination of fact-finding and investigation, or process the complaint through the early legal intervention program.

The Commission will investigate your complaint as quickly as it can. Except for early legal intervention, an investigator will make a written finding of reasonable cause or no reasonable cause for believing the claim or claims alleged in the complaint.

SECTION 4: FACT FINDING

A fact-finding conference is a bit like a trial, except that an investigator and not a judge is in control of the proceeding. Fact-finding gives the parties and their witnesses an opportunity to be heard under oath. A record of the conference will be kept as evidence. The investigator will question the witnesses, not the parties or their attorneys, unless the investigator allows otherwise.

At the conclusion of the conference the investigator will examine the evidence at hand and make a finding of reasonable cause or no reasonable cause. In some instances the investigator may elect to continue the fact-finding or request additional information before making a finding.

SECTION 5: COMPLETE INVESTIGATION

The Commission may seek to process your complaint by conducting a complete investigation, which may include witness interviews, re-view of documents, requests for admissions of facts, site visits, interrogatories or any lawful method of findings facts.

SECTION 6: DETERMINATION

If reasonable cause is found, the investigator will attempt to eliminate the discrimination complained of by conciliation within 50 days of the finding. If conciliation is not successful, the investigator will certify the complaint and a public hearing will be held before a human rights referee.

If no reasonable cause is found, the Commission will dismiss the complaint and the Complainant has the right to request reconsideration or to appeal that decision.

SECTION 7: EARLY LEGAL INTERVENTION

Instead of conducting an immediate fact-finding conference or investigation, the Commission may elect to have a Commission legal counsel consider how to process the complaint. The options are to have the complaint proceed directly to public hearing, to conduct an investigation or issue a release of jurisdiction.

SECTION 8: DISMISSING A COMPLAINT

The Commission may dismiss a complaint if the complainant, after notice and without good cause, fails to attend a fact-finding or mandatory mediation session or if the respondent has offered the complainant full relief.

SECTION 9: DEFAULTING A RESPONDENT

The Executive Director may default a respondent if the respondent fails to timely answer a complaint, fails to respond to a subpoena or answer interrogatories (any timely filed objection will be considered) or, after notice and without good cause, fails to attend a fact-finding conference or mandatory mediation session. Upon the issuance of a default, a hearing will be held for the sole purpose of fashioning an order requiring the respondent to make the complainant whole and to eliminate the discriminatory practice.