

WHISTLEBLOWER RETALIATION COMPLAINT FORM
Pursuant to General Statutes §4-61dd

No. OPH/WBR _____
[*to be assigned by OPH*]

INSTRUCTIONS: The complainant or her/his authorized representative shall complete and sign this form and then file it in duplicate with the Chief Human Rights Referee, at the address listed above. **A complaint must be filed with the Office of Public Hearings (OPH) not later than ninety (90) days after the complainant learns of the specific incident giving rise to this claim (i.e., an adverse personnel action or threat of such action).** Once the complaint is filed, the Chief Human Rights Referee will issue a "Notice of Hearing and Initial Conference" scheduling an initial conference.

<p>1. Complainant (employee) Contact Information:</p> <p>Name - _____ Add1- _____ Add 2 - _____ City - _____ State - _____ Zip code - _____</p> <p>Tel No. - _____ Fax No. - _____ Email - _____</p>	<p>2. Name and Address of Complainant’s representative, if any: *</p> <p>Juris No. (if representative is an attorney) - _____ Name - _____ Address 1- _____ Address 2 - _____ City - _____ State - _____ Zip code - _____</p> <p>Tel No. - _____ Fax No. - _____ Email - _____</p>
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**(Note: Neither the CHRO nor the Office of Public Hearings provides an attorney for the complainant.)*

3 . The Respondent (the Complainant’s employer) is --
____ (a) a State department/agency ; ____ (b) a quasi-public agency (as listed in General Statutes § 1-120)¹;
____ (c) a large state contractor (i.e., an entity that has a contract with a State Department/Agency or quasi-public agency valued at \$5 million dollars or more); or ____ (d) an appointing authority.

(Check the appropriate box listed above. Under Conn. Gen. Stat. § 4-61dd the Office of Public Hearings has jurisdiction to hear whistleblower retaliation cases file against the entities described in 3(a) through 3(d)

4. Respondent (Employer) Contact Information - Entity against whom you are filing this complaint.

Agency/Contactor - _____
Addr1- _____
Addr2 - _____
City - _____ State - _____ Zip - _____
Tel. - _____ Fax - _____
Email - _____

5. Complainant’s initial date of employment with Respondent. _____

6. Present employment status. _____

¹ Conn. Gen. Stat. § 1-120 states, “[a]s used in sections 1-120 to 1-123, inclusive: (1) ‘Quasi-public agency’ means the Connecticut Development Authority, Connecticut Innovations, Incorporated, Connecticut Health and Educational Facilities Authority, Connecticut Higher Education Supplemental Loan Authority, Connecticut Housing Finance Authority, Connecticut Housing Authority, Connecticut Resources Recovery Authority, Capital Region Development Authority, Connecticut Lottery Corporation, Connecticut Airport Authority, Health Information Technology Exchange of Connecticut and Connecticut Health Insurance Exchange.”

7. You may be protected from adverse personnel actions or threats of adverse personnel actions for your disclosure of information described in Conn. General Statutes §4-61dd(a). **CHECKING ALL APPLICABLE CATEGORIES.**

A. The complainant's underlying whistleblower disclosure concerned matters involving:

- i. **With regard to a state or quasi-public agency:** ___corruption; ___unethical practices; ___violation of state, laws/regulations; ___ mismanagement; ___abuse of authority; ___gross waste of funds; ___danger to the public safety.

OR

- ii. **With regard to a large state contract:** ___corruption; ___violation of state or federal laws/regulations; ___gross waste of funds; ___abuse of authority; ___danger to the public safety.

B. State the name and position of the qualifying person(s) to whom you disclosed such information and the date of such disclosure.²(Attach additional page(s) if necessary.)

C. Describe the information that you disclosed. (Attach additional page(s) if necessary.)

8(A). On what date did you learn about the personnel action(s) threatened or taken against you because of the information you disclosed in 6.C. above? _____

8(B). Briefly describe the personnel action(s) threatened or taken against you. Identify all pertinent dates, locations, and individuals involved. (Attach additional page(s) if necessary)

9. If you have filed a complaint/appeal regarding the personnel action(s) in any other forum (for example, in state court, with the Employees Review Board, or through a union grievance), please provide dates and pertinent details and attach a copy of that complaint/appeal. _____

10. Statement of damages available pursuant to Conn. Gen. Stat. § 4-61dd (For example, reinstatement to former position, back pay, reestablishment of employee benefits, reasonable attorney's fees)

11. Signature and Oath of Complainant or Authorized Representative: By signing this form, the complainant states that s/he has read the foregoing complaint and knows the content thereof; that the same is true of her/his own knowledge, and that s/he believes the same to be true.

Signature - _____ Date Signed - _____

² According to General Statutes §4-61dd(b)(1), the disclosure must be made to one of the following - (i) to an employee of the Auditors of Public Accounts or the Attorney General; (ii) to an employee of the state agency or quasi-public agency that employs the person who retaliated against you or threatened retaliation; (iii) to an employee of a state agency pursuant to a mandated reporter statute; or (iv) in the case of a large state contractor, to an employee of the contracting state agency concerning information involving the large state contract.