

Connecticut Department of Social Services

INTERNAL COMPLAINT RESOLUTION

Please be advised by this document that I am taking the following action with regards to my (date) _____ complaint:

- ___A. I will not pursue the complaint further as,
 - ___ 1. I consider it settled.
 - ___ 2. I withdraw my complaint.
- ___B. I plan to pursue my internal complaint through other internal avenues (Deputy Commissioner for Administration).
- ___C. I plan to pursue my internal complaint through other outside avenues. Therefore, please close this complaint.
- ___D. Please continue the investigation of my complaint.
- ___E. I agree to comply with the Department's recommendations pursuant to the findings of my internal investigation

Signature

Date

Witness

Date