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V. Federal Escalation Given Audit Findings:

Given the audit findings, which include four repeat findings from previous audits, it is imperative that this matter be escalated to federal authorities, specifically the U.S. Department of Justice Civil Rights Enforcement and all appropriate Federal Departments for an impartial and exhaustive review.

Conclusion and Imperative for Immediate Action:

The systemic issues within the CHRO not only affect my individual case but suggest a broader pattern of noncompliance and disregard for civil rights protections. Immediate federal intervention is necessary to address these deficiencies and ensure justice for all individuals who rely on the CHRO's mandate. These compounding conflicts of interest are profound.

I implore the CHRO to act swiftly and decisively to address these systemic deficiencies, to uphold the rule of law, and to ensure justice for all individuals who rely on its mandate.

VI. Timeliness and Further Accommodations:

The significant delay in addressing CHRO Case 2410220, now exceeding 260 days, is unacceptable and contradicts the principles of timely justice. Such delays have not only affected the resolution of my complaints but also aggravated the challenges I face due to my disability and professional life.

VII. Systemic Changes and Audit Findings:

The recent audit findings have revealed systemic issues within the CHRO's processes, including internal control deficiencies and non-adherence to statutory processing deadlines. These findings correlate directly with the inefficiencies and obstacles I have encountered throughout my case. It is imperative that these systemic issues be addressed immediately to prevent future recurrence and to ensure that all individuals are treated fairly and with respect to their legal rights.

VIII. Escalation to Federal Authorities:

Given the gravity of these issues, and considering the potential limitations of the state-level jurisdiction to provide a comprehensive and unbiased resolution, I request the escalation of my case to the federal authorities. The involvement of entities such as the United States Department of Justice is crucial to ensure that my civil rights are adequately protected, and that justice is served.

IX. Conclusion and Call to Action:

The issues outlined in this comprehensive complaint, corroborated by the recent audit findings and my personal experiences, underscore the urgent need for a review and overhaul of the CHRO's current practices, particularly regarding ADA compliance and whistleblower protections. I request a formal investigation into my allegations, a review of the CHRO's practices by federal authorities, and a public acknowledgment of the failures and steps taken to prevent such failures in the future.

Your immediate and thorough attention to this matter is not only deeply appreciated but also crucial in upholding the principles of justice, fairness, and the rule of law. The systemic issues within the CHRO not only affect my individual case but also suggest a broader pattern of noncompliance and disregard for civil rights protections.

X. Detailed Issues and Specific Incidents:

The issues I've encountered with the CHRO and DSS have been numerous and varied, impacting my ability to seek justice and fair treatment. Notably, my disability accommodations are not met as per ADA guidelines. This includes, but is not limited to, divided complex communications, the improper management of my communications, lack of clear and accessible interactions, and failure to provide necessary support to understand and navigate the processes involved in my case.

XI. Impact on Personal and Professional Life:

The inadequate handling of my complaints and the need for ADA accommodations have had a profound impact on both my personal well-being and my professional endeavors. As the owner of ABI Resources LLC, these issues have not only affected my individual rights but have also hindered my company's operations, which serve individuals with similar disabilities.

XII. Request for Transparency and Accountability:

In the spirit of transparency and accountability, I urge the CHRO to disclose all communications and internal deliberations regarding my case. This includes the provision of detailed explanations for the involvement of new parties in the email thread initiated by DSS and the rationale behind any changes in the handling of my complaints.

XIII. Additional Allegations of Misconduct:

Beyond the initial allegations, I have observed a pattern of behavior that may constitute further misconduct, including the mishandling of sensitive information and a lack of responsiveness to critical issues raised. These actions suggest a systemic disregard for the rights of individuals seeking redress through the CHRO and DSS.

XIV. Remedial Actions and Systemic Reforms:

I call upon the CHRO to implement immediate remedial actions to address the specific issues outlined in this complaint. Furthermore, I advocate for systemic reforms within the CHRO to ensure that future complaints are handled with the requisite seriousness, professionalism, and adherence to legal standards.

XV. Legal and Ethical Implications:

The concerns raised herein have significant legal and ethical implications for the functioning of the CHRO and DSS. It is essential that these bodies operate within the bounds of the law and uphold the highest ethical standards to maintain public trust and ensure the protection of civil rights.

XVI. Conclusion and Expectation of a Timely Response:

In conclusion, the details provided in this comprehensive complaint paint a picture of a system that requires immediate attention and reform. I expect a timely response to each point raised and a detailed action plan outlining the steps the CHRO will take to address these concerns and prevent future failures.

Please regard this letter not as mere correspondence, but as a formal complaint necessitating immediate action and rectification. The issues discussed are not only detrimental to my life but reflect broader systemic problems that may impact others seeking justice through the CHRO and DSS.

XVII. Documentation and Evidence of Non-Compliance:

In support of my claims, I am prepared to provide a comprehensive dossier of all correspondence and records of interactions with the CHRO and DSS that demonstrate the patterns of non-compliance with ADA standards. The detailed log of incidents will illustrate the systemic failures and individual instances of negligence that have occurred throughout the handling of my case.

XVIII. Impact of Non-Compliance on Legal Proceedings:

The lack of ADA compliance has directly affected the legal proceedings related to my case. It has not only delayed the resolution of my complaints but also has compromised the integrity of the process, leaving me at a substantial disadvantage and impeding my right to a fair hearing.

XIX. Proposed Remedies and Accommodations:

I hereby propose the following remedies and accommodations to rectify the current situation:

Immediate implementation of a clear communication protocol that adheres to ADA requirements and civil rights.

Follow-up Mechanism: I respectfully request a formal response to this complaint along with an action plan for addressing these concerns.

XX. Need for Systemic Change and Training:

To prevent future occurrences of such failings, I call for systemic change within the CHRO and DSS, including comprehensive training for all staff on ADA compliance, disability awareness, and the proper handling of whistleblower complaints.

XXI. Assurance of Non-Retaliation:

In light of my status as a whistleblower and the sensitive nature of the issues raised, I seek assurances from the CHRO that there will be no form of retaliation or adverse action taken against me for bringing these matters to light.

XXII. Monitoring and Oversight:

I request that the CHRO establish a system of monitoring and oversight to ensure that the corrective actions proposed are effectively implemented and that compliance with ADA standards is maintained throughout all processes.

XXIII. Appeal for Justice and Integrity:

This complaint is an appeal to the CHRO to uphold the principles of justice and integrity that are the foundation of its mission. The resolution of these issues is not only crucial for my case but is also indicative of the CHRO's commitment to serving the community it is meant to protect.

I expect that this comprehensive complaint will be met with the seriousness it deserves and that immediate steps will be taken to address the concerns raised. The neglect of these issues not only undermines my trust in the CHRO but also casts doubt on the organization's ability to fulfill its mandate.

Thank you for your attention to these urgent matters. I look forward to a detailed response outlining the actions that will be taken to resolve these issues and restore my confidence in the CHRO's commitment to civil rights and justice.

Would you please ensure my complaint is provided to Federal and State Department representatives so they may be advised of civil rights and ensure justice in state processes:

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I trust that this matter will be addressed with the seriousness it warrants, for the benefit of all individuals with disabilities in Connecticut.

Thank you for your attention to this matter. I look forward to a prompt and positive response that serves the greatest good.

Best regards,
David Medeiros
 David Medeiros
 ABI Resources, CEO, Director, Team Member
 Medicaid Acquired Brain Injury ABI Waiver Program Support Provider.





A.B.I. Resources LLC

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax : (860) 465-9591

<https://www.CTbrainINJURY.com>

Date 01.02.2024

Commission on Human Rights and Opportunities

Re: Comprehensive Complaint and Request for Escalation - CHRO
No. 2410220 David Medeiros v. State of Connecticut, Department of
Social Services

Re: Comprehensive Grievance Report and Request for Clarity.

Addressing Issues within the Connecticut Medicaid Acquired Brain
Injury (ABI) Waiver Program.

Whistleblower Report Prepared by: David Medeiros and ABI
Resources LLC Date: November 21, 2023

Re: Newly filed CHRO Complaint 12.29.2023 against CHRO and
DSS.

Esteemed Members of the Commission on Human Rights and Opportunities,

This comprehensive complaint is a cumulation of ongoing concerns, systemic issues, and personal grievances experienced in my interactions with the Commission on Human Rights and Opportunities (CHRO) and the Department of Social Services (DSS). It serves to illuminate the substantial and repetitive failures to adhere to the mandates of the Americans with Disabilities Act (ADA), the disregard for the proper treatment of whistleblowers, and the overall lack of procedural integrity.

I. Introduction and Background:

My journey as a brain injury survivor and stroke survivor has been marred by the CHRO's and DSS's failure to provide necessary ADA accommodations and civil rights. The lack of proper communication and assistance has hindered my ability to effectively engage in proceedings and advocate for my rights. Despite repeated requests for accommodations, such as assistance in understanding and completing complex documentation and a preference for written communication, I have faced misinterpretations and inadequate responses.

II. Allegations of Non-Compliance and Accommodation Failures:

The DSS's actions, including the initiation of complex email threads involving numerous parties, have contravened the clear, simplified communication methods necessary for my effective participation. Notably, the new email and involvement of Mr. Michael Slitt, given his prior engagements with the ABI Waiver Program, presents a glaring conflict of interest, potentially influencing the impartial handling of my case. CHRO email threads with state employees from CHRO and CT DSS Kimberly D. Morris, Debra Morris, CHRO Judge Dr. Cherron Payne, Ferron-Poole, Astread O Matthew. S. Antonetti, Micheal Sillt, Jennifer Nicole Zakrzewski, Deidre Gifford, Andrea Barton Reeves Commissioner, Connecticut Department of Social Services.

III. Whistleblower Protections and Retaliatory Actions:

As a whistleblower, I have reported significant issues within the ABI Waiver Program, placing me at risk of retaliatory actions from individuals within the DSS. The audit's identification of instances of noncompliance with laws, regulations, or policies by the CHRO is indicative of an environment where whistleblower protections are not adequately enforced.

IV. Demand for Investigation and Independent Adjudication:

I demand a detailed investigation into the CHRO's practices, especially regarding ADA accommodations and whistleblower retaliations. It is critical that my distinct complaints be adjudicated independently to prevent the conflation of issues.

V. Federal Escalation Given Audit Findings:

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- Office for Civil Rights (OCR) at HHS Acting Director Melanie Fontes Rainer
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Best regards,
David Medeiros
 David Medeiros
 ABI Resources, CEO, Director, Team Member
 Medicaid Acquired Brain Injury ABI Waiver Program Support Provider.



STATE OF CONNECTICUT
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES

CHRO NO: 1740195

DAVID MEDEIROS

COMPLAINANT

Vs.

Hartford Healthcare Corporation

And Windham Hospital

RESPONDENTS

Additional information

H.H.C Organization is now apparently fraudulently double billing me for services provided.

Bills included for review.

CPT Code 99291 is used to report the first 30-74 minutes of critical care on a given date. It should be used only once per date. Critically ill is defined as a critical illness or injury that acutely impairs one or more vital organ systems indicating a high probability of imminent or life threatening deterioration in the patient's condition.

CPT Code 93010 is defined as an "Electrocardiogram, routine ECG with at least 12-leads; interpretation and report only."

CPT Code 70450 The facility performs a CT of the head without contrast.

CPT Code 71010 Chest x-rays will not be reimbursed when billed with preventive evaluation/management services

To whom it concerns,

It is very clear to me that the hospital staff was disregarding David horribly and was being extremely different to him than they would a white male or woman from Mansfield. They were very rude and ignored him when in the room. They would not give him a moment to speak. David tried to ask questions and they would not look at him or answer him. When they ordered him to do something they did not look at him. The nurse threatened him many times and mocked him. The doctor asked the nurse "what up" the nurse said Willimantic he thinks his dying with a nasty annoyed tone. The doctor would ask a question while walking out, never giving David a chance to talk, he couldn't be bothered. Both the doctor and the nurse ignored his replies. The doctor walked in, ignored David and asked me if David speaks English and what's up with David, in a very annoyed tone. It was very clear that the doctor and nurse hated him, didn't care and already had pre-decided that David wasn't worth living. I could not believe how disgusting they were to him, even with me in the room. I witness the nurse rolling his eyes, talking under his breath and huffing and puffing. David tried many times to tell the nurse that the needle in his arm was sticking in his bone and the iv bag was not draining, the nurse ignored him. The doctor had to tell the nurse that the fluid bag was not draining to fix the iv bag about an hour after it was inserted. I watched the nurse mock David and forcibly yank on his arm and hand. He was mad and barely looked when he shoved the needle in his hand. I truly believe that they would have let him die alone and without any care. I have never witnessed a person being treated so horribly in my life. I am very worried for David's life if he is ever in need of emergency hospital services in the future. The doctor and nurse both knew that David was struggling to breath and move, they did not care. It was very clear that they wanted David to leave or die. When David explained that he was private pay the doctor quickly came in with discharge papers being very pushy and rushing him David out. David asked if he was having a stroke or having a heart attack, he asked if he needed and MRI. The doctor said that no one was there to do an MRI and it could take up to 2 days to get one. I will gladly talk with any person wishing to hear more details about how horrible and racist the hospital was to David.

I was also with David days later when he attempted to get a copy of his complaint and was denied.

Sincerely,

**STATE OF CONNECTICUT
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES**

AFFIDAVIT OF ILLEGAL DISCRIMINATORY PRACTICE

FOR CHRO USE ONLY

Case No. 2410220

Date: 11/14/2023

EEOC No. N/A

My name is: David Medeiros

My mailing address is: 215 Mountain Street, Willimantic, CT 06226

My telephone number is: 860-463-3638

My email address is: aabiwr@live.com

The respondent is: State of Connecticut Department of Social Services

Whose business address is: 55 Farmington Ave, Hartford CT 06106

I was ...

(Include the date of the actions taken against you. If ongoing, write "ongoing".)

- | | | | |
|--|---------------------|---|--|
| ☐ discriminated against in terms and conditions | | ☐ not hired/promoted | |
| ☐ discharged | | ☐ given unequal duties | |
| ☐ suspended | | ☐ harassed | |
| ☐ placed on probation | | ☐ sexually harassed | |
| ☐ demoted | | ☐ earning different pay | |
| ☐ warned | | ☐ constructively discharged | |
| ☐ given a poor evaluation | | ☐ retaliated against | |
| ☐ denied a raise | | ☐ transferred | |
| ☐ less trained | | ☐ given difficult assignment | |
| ☐ denied an office | | ☐ not recalled | |
| ☒ denied equal service(s) | Ongoing-
10/2023 | | |
| ☐ other: | | | |

I believe that my...

(Identify the protected class status you believe you were discriminated against because of)

- | | | | |
|---|--|--|--|
| ☐ Race | | ☐ Mental disability | |
| ☐ Color | | ☐ Intellectual disability | |
| ☐ Religious creed | | ☐ Learning disability | |
| ☐ Age | | ☐ Physical disability | |
| ☐ Gender identity/expression | | ☐ Veteran status | |
| ☐ Marital status | | ☐ Prior criminal conviction | |
| ☐ National origin | | ☐ Sexual orientation | |
| ☐ Sex: ☐ Male ☐ Female | | ☐ Pregnancy | |
| ☐ Ancestry | | ☐ Lawful source of income | |
| ☐ Other: | | ☐ Genetic information | |
| ☐ Previous opposition to discriminatory conduct | | | |

**STATE OF CONNECTICUT
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES**

Was/Were in part a factor(s) in this action.

**THIS SECTION TO BE FILLED OUT BY
CHRO STAFF**

The respondent violated the following statutes and acts listed below, as amended, enforced through CONN. GEN. STAT. § 46a-58(a) if applicable:

- | | |
|---|--|
| ☐ CONN. GEN. STAT. § 46a-60(b)(1) | ☐ Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e-2 (cite for 15 or more individuals employed) |
| ☐ CONN. GEN. STAT. § 46a-60(b)(4) | |
| ☐ CONN. GEN. STAT. § 46a-60(b)(5) | |
| ☐ CONN. GEN. STAT. § 46a-60(b)(7) | ☐ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621-634 (cite for 20 or more individuals employed) |
| ☐ CONN. GEN. STAT. § 46a-60(b)(8) | |
| ☒ CONN. GEN. STAT. § 46a-64 | ☒ Americans with Disabilities Act, 42 U.S.C. § 12101 et seq. |
| ☐ CONN. GEN. STAT. § 46a-70 | |
| ☐ CONN. GEN. STAT. § 46a-71 | ☐ Equal Pay Act of 1964, U.S.C. § 206 |
| ☐ CONN. GEN. STAT. § 46a-80 | ☐ Section 504 of the Rehabilitation Act of 1973 |
| ☐ CONN. GEN. STAT. § 46a-81 | |
| ☐ Other _____ | |

I provide the following particulars:

1. In or around 2015, I personally filed a complaint with the Connecticut Department of Social Services (DSS) about the direct violation of my rights as a survivor of a stroke and brain injury as well as a company owner in the healthcare industry.
2. By requiring that I only communicate with the department once a week or twice a week, DSS has deliberately restricted my ability to communicate with them.
3. In addition, DSS has been undermining my professionalism and credibility by implying in my emails that I have complaints and concerns are based on misunderstandings. Rather than interacting with me as a regular person, they have suggested that my interactions are the result of miscommunications or inaccuracies due to my physical disability.
4. In a deliberate effort to divert me from the appropriate channels of complaint and communication, DSS has also recommended me to settle my own disputes with other parties before contacting the department.
5. The DSS also accused me of filing complaints on behalf of people without getting their permission, particularly when this is a duty of mine and my business.
6. In addition to refusing me equitable treatment, I believe that DSS has limited my communication with the department and discredited myself and my company's reputation overall because of my physical disability.

**STATE OF CONNECTICUT
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES**

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.

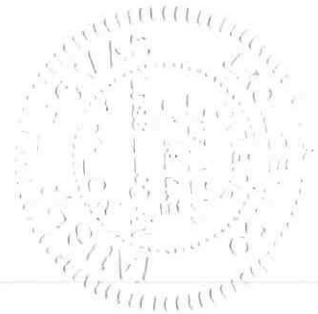
David Medeiros being duly sworn, on oath, states that s/he is the Complainant herein; that s/he has read the foregoing complaint and knows the content thereof; that the same is true of her/his own knowledge, except as to the matter herein stated on information and belief and that as to these matters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

Dated in Hartford CT, CT on this Nov 14 2023
City/Town Date


Complainant's Signature

Subscribed and sworn before me on Nov 14 2023.
Date


Notary Public/Commissioner of the Superior Court
My commission expires: Nov. 30, 2027





State of Connecticut
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES

Capitol Region Office ~ 450 Columbus Boulevard, Suite 2, Hartford, CT 06103

Promoting Equality and Justice for all People

December 15, 2023

Via email: aabiwr@live.com

David Medeiros
215 Mountain Street
Willimantic, CT 06226

RE: David Medeiros v. State of CT, Department of Social Services
CHRO No. 2410220
EEOC No. N/A

Dear Mr. Medeiros:

This letter confirms that your complaint, referenced above, has been filed with the Commission on March 28, 2023, but due to an administrative error the service was delayed, the Commission apologizes for any inconvenience this may have caused you.

The enclosed General Notice advises you of your rights, duties, and responsibilities. **Please read carefully the information contained in the notice.**

You have a duty to respond timely to any information or assistance requested and to cooperate with the Commission at all times. It is your sole duty and responsibility to notify the Commission of your whereabouts at all times throughout the pendency of this complaint. In the event that your address, telephone number, or email address changes, it is your duty to notify the Commission immediately in writing. **Parties are encouraged to submit all filings by email only without an additional hardcopy if possible. Emailed filings with Capitol Region Office should be emailed to CHRO.Capitol@ct.gov.**

Also, you have a duty to certify to the Commission that you have provided the Respondent with copies of all documents you file with the Commission. For your convenience and use, the enclosed Certification Form is made available.

If I can be of further assistance, please do not hesitate to contact me.

Commission on Human Rights and Opportunities
Capitol Region Office
450 Columbus Boulevard, Suite 2
Hartford, CT 06103
860-541-3456

Enclosure

CONNECTICUT COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES

NOTICE TO COMPLAINANT OF DUTY TO COOPERATE

I, David Medeiros, 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.

**This individual should be a friend or relative not living with you
DO NOT LIST YOURSELF**

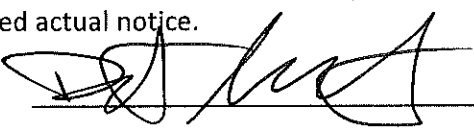
Name Laura Clark Address _____
City Plainfield State CT ZIP Code _____
Telephone 1860 287-0442 Email LauraC@ctbraininjury.com

Additionally, I promise to provide the Commission, within a period of time not to exceed two working days after my receipt of its copies of the following documents: [check applicable spaces]

- ☒ Yes ☐ No (a) copies of any and all decisions and or determination(s) made by the Connecticut Department of Labor, Division of Unemployment Compensation, respecting my eligibility to receive Unemployment Insurance Compensation; .
☒ Yes ☐ No (b) copies of any writings that my employer gives to the Connecticut Department of Labor as to its consent and/or objection to my receiving benefits;
☒ Yes ☐ No (c) copies of any transcript (s) and/or tape recordings of testimony given by myself and my employer to the Connecticut Department of Labor;
☒ Yes ☐ No (d) copies of any union grievance filed by co-workings or myself challenging the company's behavior, the outcome of any grievance etc., and;
☒ Yes ☐ No (e) other information, please describe:
- _____

If 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 out that I have received the correspondence unless the letters are returned to the Commission by the Post Office.

For the purposes of the EEOC notice requirements, 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.

By:  Dated: Nov 14 2023

[Complainant must sign the original of this form and be given a copy.]

CONNECTICUT COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES

COMPLAINANT WITNESS LIST

CHRO No. 2410220

David Medeiros v. State of Connecticut Department of Social Services

☐ I IDENTIFY THE FOLLOWING WITNESSES AT THIS TIME

Witness Name, Address and Telephone	Relationship to Incidents Alleged	List Specifics to which this person can testify

☐ I HAVE NO WITNESSES AT THIS TIME.


Complainant's Signature

Date: Nov 14 2023

CONNECTICUT COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES

CHRO No 2410220

David Medeiros v. State of Connecticut Department of Social Services

**Information Regarding Complaints Previously Filed With The
Commission on Human Rights and Opportunities**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

☒ I HAVE FILED _____ PREVIOUS COMPLAINT(S) WITH CHRO.

DATE(S) OF FILING: _____

CHRO CASE NO(S): _____

REGIONAL OFFICE(S): _____

INCIDENT(S) ALLEGED: _____

☐ I HAVE NOT PREVIOUSLY FILED A COMPLAINT WITH CHRO.

I UNDERSTAND THAT FAILURE TO DISCLOSE THIS INFORMATION MAY DELAY
PROCESSING OF MY COMPLAINT AND/OR RESULT IN ADVERSE CONSEQUENCES.



Complainant

Date: Nov 14 2023

CONNECTICUT COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES

CHRO No. 2410220

David Medeiros v. State of Connecticut Department of Social Services

**AUTHORIZATION TO RELEASE
INFORMATION FROM THE RECORDS OF**

David Medeiros
(Name of Undersigned)

I authorize disclosure by State of Connecticut Department of Social Services, 55 Farmington Ave, Hartford CT 06106

(Address)

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 *No*

☒ Personnel Records *No*

☐ Credit Rating, or information as listed below:

Refuse to authorize.

Signature of Complainant

Date: *Nov 14 2023*

Date of Birth: *12/30/1976*

215 Mountain Street, Willimantic, CT 06226
(Address)

860-463-3638
(Telephone Number with Area Code)



State of Connecticut
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES

Capitol Region Office ~ 450 Columbus Boulevard, Suite 2, Hartford, CT 06103

Promoting Equality and Justice for all People

December 15, 2023

Via email: deidre.gifford@ct.gov

Diedre S. Gifford, MD, MPH
Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

RE: David Medeiros v. State of CT, Department of Social Services
CHRO No. 2410220
EEOC No. N/A

Dear Commissioner Gifford:

A complaint, referenced above, has been filed with the Commission on March 28, 2023, but due to an administrative error the service was delayed, the Commission apologizes about any inconvenience this may have caused the Respondent. A copy of the complaint is attached.

The enclosed General Notice advises you of your rights, duties, and responsibilities. Please read carefully the information contained in the notice. The enclosed Notice Regarding Out of State Attorneys advises that all attorneys practicing before the Commission must be admitted to practice law in Connecticut and that it is the responsibility of all counsel to comply with Connecticut practice rules. Also enclosed is important information with respect to the no fault conciliation process. The Commission is available to assist you if you wish to pursue settlement of this complaint. If you wish to conciliate the complaint prior to providing an answer, you must notify the Commission within **10 days** of receipt of the enclosed complaint.

You must file an answer to the complaint under oath with the Commission within 30 days of receipt of this complaint unless pre-answer conciliation has been requested. If you fail to answer the complaint within this time, you may be defaulted by the Commission. Parties are encouraged to submit all filings by email only without an additional hardcopy if possible. You must email a scanned copy of your signed and notarized Answer to chro.capitol@ct.gov and dedra.morris@ct.gov.

CHRO No. 2410220
December 15, 2023

You have a duty to certify to the Commission that you have provided the complainant with copies of all documents you file with the Commission. You also have a duty to ensure that personal identifying information is redacted from any documents provided to the Commission. Personal identifying information includes an individual's mother's maiden name; motor vehicle operator's license number; Social Security number; other government issued identification number except for juris, license, permit or other business related identification numbers that are otherwise made available to the public directly by any government agency or entity; health insurance identification number; or any financial account number, security code or personal identification number (PIN). For your convenience and use, the enclosed Certification Form is made available.

If I can be of further assistance, please do not hesitate to contact me.

Commission on Human Rights and Opportunities
Capitol Region Office
450 Columbus Boulevard, Suite 2
Hartford, CT 06103
860-541-3456

Enclosures

**SCHEDULE A – Public Accommodation
Request for Information**

CHRO No. 2410220

Case Name: David Medeiros v. State of CT, Department of Social Services

PUBLIC ACCOMMODATION

1. State the full legal name of the respondent.
2. State the proper address of the respondent's facility where the complainant alleges that an act or acts of discrimination occurred.
3. If the respondent is incorporated, indicate under what state's laws it is incorporated.
4. If the respondent is incorporated, state the address of respondent's corporate headquarters.
5. State the name and address of respondent's agent for service.
6. If the respondent is currently the subject of bankruptcy proceedings or has been the subject of bankruptcy proceedings during the past three years, provide documentation of the current status of such proceedings.
7. State the name, title and address, telephone number, fax number, and e-mail address if available of the individual to be contacted for further information in this matter. This person should be an employee of Respondent.
8. Separately state the number of respondent's employees in Connecticut and at the facility where the complainant alleges that discriminatory conduct occurred.
9. Submit a response, in "admit" "deny" format, to each allegation of the complaint. For each allegation that is denied, submit a statement that sets forth the facts upon which you rely in your denial. Please submit any and all documents and written statements of witnesses or participants to support your position.

10. Submit copies of all written rules, policies and procedures relating to the issue(s) raised in the complaint. If these are not in writing, explain the rules, policies and procedures.
11. If Complainant was denied services or subjected to any other adverse decision, submit the following information:
 - (a) Date complainant was advised of the act complained of;
 - (b) Explain in detail the reason(s) for the action taken;
 - (c) Identify the person(s) recommending the action(s) at issue, including name, position held, and physical disability;
 - (d) Identify the person(s) making the final decision, including name, position held, and physical disability;
 - (e) Provide a copy of any evaluation(s) or investigative report(s), and all other relevant documents relating to the act;
12. Provide any other information and/or explanation you deem relevant to this complaint, and any other information which will assist the Commission in reaching a decision in this matter.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-11-06
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs / Freedom of Information Group

Request has been assigned: Control Number **092020237008** and PIN **ELJG**

10/3/2023

David Medeiros.

39 Kings Highway, STE C
Gales Ferry, CT 06335

Dear Mr. Medeiros:

This letter is to acknowledge receipt of your Freedom of Information Act (FOIA) (5 U.S.C. § 552) request and to provide you with a tracking number. The Centers for Medicare & Medicaid Services (CMS) received your FOIA request on **September 21, 2023**, pertaining to **“The Supported Living Group”**.

To check the status of your request as it is being processed, please refer to the CMS FOIA website at <https://foia-request.cms.gov/check-status> and enter the control number and PIN (listed at the top of the page) that has been assigned to your request.

Once we complete our initial analysis of your request, we will initiate a search for responsive records. If, however, we determine that your request needs clarification, we will contact you. Additionally, if our searching units advise us that you have requested a voluminous number of records that requires extensive search, production, and review, we will contact you to discuss options for narrowing the scope to process your request as quickly and efficiently as possible.

Please note that CMS receives a very high volume of FOIA requests. The following unusual circumstances, as defined by 5 USC § 552(a)(6), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed. In addition, given our high volume of requests, and in accordance with federal regulations, our processing policy includes factors such as the date and complexity of the request.

The FOIA assumes that requesters are willing to pay fees up to \$25.00. If estimated fees to process your request exceed \$25.00, we will notify you and may suspend processing until we receive written confirmation that you are willing to pay the estimated fees. Additionally, if the estimated fees exceed \$250.00, the law authorizes us to collect the fees *in advance* of processing the request.

If your request sought a fee waiver or expedited processing, we will send additional communication to provide you with our determination decision(s).

If you are not satisfied with any aspect of the processing and handling of this request, please contact Angelica Holland at .

You also have the right to seek dispute resolution services from:

Joseph Tripline
CMS FOIA Public Liaison
Centers for Medicare & Medicaid Services
7500 Security Blvd., MS C5-11-06
Baltimore, Maryland 21244-1850
Telephone: (410) 786-5353 fax (443)-380-8871

and/or:

Office of Government Information Services
National Archives and Administration
8601 Adelphi Road – OGIS
College Park, MD 20740-6001

Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Respectfully,

A handwritten signature in black ink, appearing to read "Emmett Nicholson". The signature is fluid and cursive, with the first name "Emmett" written in a stylized, somewhat abbreviated manner, and the last name "Nicholson" written more fully.

Emmett Nicholson.
Director, Division of FOIA Analysis – C
Freedom of Information Group

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United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

Report successfully submitted

Please save your record number for tracking.



Your record number is: **354718-LTZ**

What to expect

① We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

② Our specialists determine the next step

We may decide to:

Open an investigation or take some other action within the legal authority of the Justice Department.

Collect more information before we can look into your report.

Recommend another government agency that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

③ When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:

We're actively working on an investigation or case related to your report.

We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

What you can do next

① Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.

American Bar Association, visit www.americanbar.org/groups/legal_services/flh-home or call (800) 285-2221

Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit www.lsc.gov/find-legal-aid

② Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call [911](https://www.911.gov) and contact the police.

Your submission

Contact

Contact information

Your name

David Medeiros

Email address

aabiwr@live.com

Phone number

8604633638

Address

215 Mountain St

-

Willimantic, Connecticut 06226

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Something else happened

Location

Where did this happen?

Organization name

Connecticut Departmant of Social Services

Address

55 Farmington Avenue Hartford, CT 06105

-

Hartford, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)

Other reason

Date

When did this happen?

10/4/2023

Personal description

In your own words, describe what happened

10/04/2023

Subject: Formal Complaint: Alleged Discrimination and Violation of Rights Under the ADA and Section 504 by the Connecticut Department of Social Services and COU Community Options Unit

To the Civil Rights Division, Department of Justice,

I am David Medeiros, a survivor of traumatic brain injury and stroke and the owner of ABI Resources LLC. I write to formally communicate instances of alleged discrimination and violation of rights by the Connecticut Department of Social Services and COU Community Options Unit. This complaint is submitted in my individual capacity and spotlights the purported systematic discrimination and disregard of federal laws that safeguard the rights of disabled individuals.

Detailed Account of Alleged Discriminatory Acts:

Neglect of Communication:

My attempts to communicate and inquire have often been disregarded or unjustifiably delayed, reflecting not only professional negligence but also an indication of personal disregard. This has led to emotional distress and hindrances in my professional endeavors.

Obstruction of Professional Progress:

There have been intentional actions to hinder my professional and business opportunities, compelling me to utilize significant personal resources to ensure fair opportunity.

Personal Harassment:

I feel targeted and subjected to deliberate acts of harassment, marginalization, and disparagement, infringing upon my personal dignity and professional reputation.

Unaddressed Grievances:

Despite reporting these discriminatory acts and violations, there's been a notable lack of response or corrective actions, exacerbating my feelings of isolation and infringement of my rights.

Biased Resource Allocation:

I've observed a clear prejudice in resource and referral allocation, reflecting inherent bias and resulting in unfair competitive circumstances.

Legal Provisions Allegedly Breached:

Americans with Disabilities Act (ADA): The actions mentioned seem to breach the ADA, undermining my rights as a disabled individual.

Section 504 of the Rehabilitation Act: The discrimination appears contrary to Section 504, jeopardizing my right to fairness and equality.

Call for Action:

I earnestly request the Department of Justice's prompt intervention and thorough examination of the alleged discrimination and rights violations. It is imperative to verify these claims, halt ongoing discriminatory behaviors, and ensure adherence to federal laws upholding disabled individuals' rights.

Conclusion:

The behaviors outlined above not only display professional misconduct but also a blatant disrespect for the rights and dignity of disabled individuals, warranting prompt and assertive legal action.

I stand ready to offer any further details or clarification needed for the investigation. I ardently hope for a resolution that champions justice, equality, and respect for the rights of disabled individuals.

Sincerely,

David Medeiros