

Receipt Number: **675301**

Thank you for contacting the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). OCR enforces federal civil rights laws which prohibit discrimination in the delivery of health and human services based on race, color, national origin, disability, age, sex, religion, and the exercise of conscience, and also enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules.

We are in the process of reviewing your correspondence. We will complete our initial review as quickly as possible.

If you have questions about the novel coronavirus, COVID-19, please go to the Centers for Disease Control website at <https://www.cdc.gov>.

For additional information about OCR, including the complaint review process, and our HIPAA, civil rights, and conscience regulations, please see the following links:

<https://www.hhs.gov/ocr/complaints/index.html>

<https://www.hhs.gov/hipaa/index.html>

<https://www.hhs.gov/civil-rights/index.html>

If you have any additional questions or need a reasonable accommodation, please contact OCR's Customer Response Center at 1-800-368-1019, Monday through Friday, 8:00 am to 6:00 pm, ET.

Sincerely,
Director, CCMO

English	If you speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you with this document at no cost.
Español - Spanish	Si usted habla español marque 1-800-368-1019 (o a la línea de teléfono por texto TTY 1-800-537-7697) y su llamada será conectada con un intérprete que le asistirá con este documento sin costo alguno.
中文 - Chinese	如果你讲中文, 请拨打1-800-368-1019 (打字电话: 1-800-537-7697), 你将被连接到一位讲同语种的翻译员为你提供免费服务。
Tiếng Việt - Vietnamese	Nếu bạn nói tiếng Việt, xin gọi 1-800-368-1019 (TTY: 1-800-537-7697), và bạn sẽ được kết nối với một thông dịch viên, người này sẽ hỗ trợ bạn với tài liệu này miễn phí.
한국어 - Korean	한국어를 하시면 1-800-368-1019 (청각 장애용: 1-800-537-7697) 로 연락 주세요. 통역관과 연결해 서 당신의 서류를 무료로 도와 드리겠습니다.
Tagalog (Filipino)	Kung ikaw ay nagsasalita nang Tagalog, tumawag sa 1-800-368-1019 (TTY: 1-800-537-7697) para makonek sa tagapagsalin na tutulong sa iyo sa dokumentong ito na walang bayad.
Русский - Russian	Если вы говорите по- русски, наберите 1-800-368-1019. Для клиентов с ограниченными слуховыми и речевыми возможностями: 1-800-537-7697), и вас соединят с русскоговорящим переводчиком, который вам поможет с этим документом безвозмездно.

Please indicate one of the following:

* First Name: David * Preferred Pronoun: * Last Name: Medeiros

* Preferred days/times to receive phone calls:

Phone: (860) 463-3638

Street Address Line 1:* 215 Mountain St

Street Address Line 2:

* City: Willimantic

* State: Connecticut Country: USA * ZIP: 06226 Email Address: aabiwr@live.com

Have you previously filed a complaint with OCR? Yes

If Yes, please provide OCR Transaction No:

Are you filing this complaint for someone else? No

*** I believe that I have been (or someone else has been) discriminated against based on::**

- Disability

Whom do you believe discriminated against you (or someone else)? OCR can only investigate discrimination complaints against institutions and agencies which receive funds from HHS or are local or state governmental entities providing health and social services in cases of disability discrimination. Please also be aware that OCR does not have authority over individual workforce members.

Agency/Organization: Connecticut Commission on Human Rights and Opportunities (CHRO) and Department of Social Services (DSS)

* Street Address Line 1: 450 Columbus Boulevard

Street Address Line 2: Suite 2

* City: Hartford

* State: Connecticut Country: USA ZIP: 06103

Phone: (860) 541-3400

Email Address: chro.capitol@ct.gov

Have you, or the person on whose behalf you are filing, been a client or patient of the agency or organization? No

Have you, or the person on whose behalf you are filing, been an employee of the agency or organization? No

*** When do you believe that the discrimination or violation of conscience occurred? A discrimination complaint must be filed no later than 180 days from the date of the alleged discrimination unless the time for filing is extended by OCR.?**

	Violation Date
Date(s) Alleged Violation Occurred:	Violation Date
	03/28/2026
	11/21/2023

Describe the acts of discrimination or violations of conscience (e.g., the specific actions taken by the agency or organization, or the specific services denied by the agency or organization). Please be specific.. (Attach additional pages as needed)

I am David Medeiros, a TBI and stroke survivor, and CEO of ABI Resources LLC, a Medicaid ABI Waiver provider in Connecticut. Between November 21, 2023 and March 28, 2026, I filed multiple protected ADA Title II and Olmstead whistleblower complaints with the Connecticut Commission on Human Rights and Opportunities (CHRO) against the Department of Social Services (DSS). These complaints detailed serious violations in the Medicaid ABI Waiver program, including unnecessary institutionalization of disabled individuals, denial of free choice of providers (42 CFR §431.51), engineered waitlists, and retaliation against compliant providers. Instead of investigating, CHRO engaged in systematic evidence destruction and denial of reasonable accommodations. Over 50 pieces of critical evidence were destroyed or deleted under the supervision of Executive Director Tanya A. Hughes, Kimberly Morris, and Dedra A. Morris. Numerous high-importance emails containing complaints and supporting documentation were deleted “without being read” as proven by read-receipt metadata (February 2024 cluster and multiple 2025–2026 instances). This spoliation occurred in CHRO Case No. 2410220 (Medeiros v. Connecticut DSS). CHRO used my disabilities against me, refused ADA accommodations in their own process, and blocked meaningful access to civil rights remedies. This protects DSS from accountability for Olmstead violations. This is not an isolated incident. My March 13, 2026 National Olmstead Whistleblower Report and Appendix A document 100 interlocking systemic motives showing a nationwide “closed

system” in Medicaid HCBS/ABI programs. State human rights agencies destroy evidence to shield unnecessary institutionalization and diversion of hundreds of billions in federal taxpayer dollars away from community-based services for Americans with disabilities. Supporting materials include: Forensic Investigative Report on CHRO Case 2410220 (with spoliation timelines and read-receipt screenshots) March 13, 2026 Olmstead Whistleblower Report + Appendix A (100 motives) Full hashed, timestamped evidence archive at david-medeiros.com Metadata proof of mass email deletions I also filed a parallel complaint today with the U.S. Department of Justice Civil Rights Division (Record #748277-JPJ). Please coordinate immediately with DOJ on the pattern-or-practice systemic Olmstead/ADA investigation, immediate preservation orders on all CHRO and DSS systems, and compliance review of Connecticut’s Medicaid ABI Waiver program.

Provide the reasons that the actions, or the denial of services, described above were discriminatory or were violations of conscience. If you have checked multiple protected bases, please include the reasons you believe you, or the person on whose behalf you filed, were discriminated against for each basis. (Attach additional pages as needed and any relevant documents)

The acts described above constitute disability discrimination and retaliation in violation of ADA Title II (42 U.S.C. §12132), Section 504 of the Rehabilitation Act, and the Supreme Court’s Olmstead decision. I am a person with disabilities (TBI and stroke survivor). CHRO, as a state governmental entity providing public civil-rights services, is a covered entity under ADA Title II. By systematically destroying over 50 pieces of my submitted evidence, deleting high-importance ADA/Olmstead whistleblower complaints “without being read” (proven by read-receipt metadata under the supervision of Tanya A. Hughes, Kimberly Morris, and Dedra A. Morris), refusing reasonable accommodations in their own administrative process, and using my disabilities against me, CHRO denied me meaningful access to civil-rights complaint procedures and remedies. This denial of meaningful access is itself disability discrimination. CHRO further retaliated against me for engaging in protected activity — filing whistleblower complaints about Olmstead violations in Connecticut’s Medicaid ABI Waiver program (unnecessary institutionalization, denial of free choice of providers under 42 CFR §431.51, engineered waitlists, and retaliation against compliant providers). By destroying evidence and blocking my complaints, CHRO actively protected the Department of Social Services (DSS) from accountability for widespread Olmstead violations that harm thousands of disabled Americans who rely on community-based services instead of institutions. These actions are part of a documented nationwide “closed system” in Medicaid HCBS/ABI programs, as detailed in my March 13, 2026 National Olmstead Whistleblower Report and Appendix A (100 interlocking systemic motives). The pattern shows state human-rights agencies destroying evidence to prevent federal enforcement and to continue diverting hundreds of billions in federal taxpayer dollars away from community integration for Americans with disabilities. I also filed a parallel complaint today with the U.S. Department of Justice Civil Rights Division (Record #748277-JPJ). Please coordinate immediately with DOJ regarding immediate preservation orders and a pattern-or-practice systemic investigation.

(If alleging discrimination based on disability) **Please indicate whether (1) the agency or organization was aware of your disability; and (2) if you requested (and were denied) a reasonable modification.**

Was the agency or organization aware of your disability? Yes (CHRO knew you are a TBI/stroke survivor because you filed as a disabled person and they handled your ADA/Olmstead complaints.) Did you request (and were you denied) a reasonable modification? Yes (You requested reasonable ADA accommodations in CHRO’s own process; they were refused, and instead CHRO used your disability against you while destroying evidence.)

Have you attempted to resolve this matter with the agency or organization against which you are filing? If yes, please describe those efforts and provide copies of any relevant documents.

Yes. I have made extensive, repeated, and documented efforts to resolve this matter directly with the Connecticut Commission on Human Rights and Opportunities (CHRO) and the Department of Social Services (DSS) since November 21, 2023. I filed multiple formal protected ADA Title II and Olmstead whistleblower complaints, including CHRO Case No. 2410220. I submitted hundreds of pages of evidence, requested reasonable accommodations for my TBI and stroke disabilities in CHRO’s own process, and followed up repeatedly with emails, certified letters, and supplemental filings. I also notified Connecticut Attorney General William Tong and DSS leadership on multiple occasions about the violations and the ongoing spoliation. Instead of investigating or resolving the underlying Olmstead violations (unnecessary institutionalization, denial of free choice of providers under 42 CFR §431.51, engineered waitlists, and retaliation), CHRO systematically destroyed or deleted over 50 pieces of my submitted evidence, deleted high-importance complaints “without being read” (proven by read-receipt metadata under the supervision of Tanya A. Hughes, Kimberly Morris, and Dedra A. Morris), refused my requested accommodations, and used my disabilities against me to block meaningful access to civil rights remedies. Full documentation of these resolution attempts and CHRO’s obstruction is contained in my Forensic Investigative Report on CHRO Case 2410220 and my March 13, 2026 National Olmstead Whistleblower Report (including Appendix A with 100 interlocking systemic motives). All materials are publicly available in my immutable hashed archive at david-medeiros.com. I also filed a parallel complaint today with the U.S. Department of Justice Civil Rights Division (Record #748277-JPJ).

Do you have any witnesses? If yes, please provide name(s) and contact information.:

Witnesses

Witness name(s) Email Address Phone Number**What resolution are you seeking (e.g., access to services, an interpreter for future appointments, staff training, etc.)?**

I am seeking the following resolutions: Immediate preservation orders on all CHRO and DSS email servers, records, and systems to prevent any further destruction or deletion of evidence. A full pattern-or-practice / statewide / systemic Olmstead/ADA Title II investigation into the documented "closed system" in Connecticut's Medicaid ABI Waiver program, including CHRO's role in systematically destroying evidence of disability discrimination to shield unnecessary institutionalization and diversion of hundreds of billions in federal taxpayer dollars. Immediate coordination with the U.S. Department of Justice Civil Rights Division on my parallel complaint filed today (Record #748277-JPJ). A comprehensive Olmstead/ADA compliance review and corrective action plan for Connecticut's Medicaid ABI Waiver program that enforces community integration, free choice of providers (42 CFR §431.51), and ends retaliation against whistleblowers and compliant providers. Any additional remedies, including systemic policy changes, staff training, and monitoring, that OCR determines are necessary to restore meaningful access to civil-rights processes for all Americans with disabilities and to protect federal taxpayer funds.

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act and their implementing regulations. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, discriminate, or retaliate against you for filing a complaint or for taking any other action to enforce your rights under these Federal civil rights laws. OCR also collects information in order to enforce Section 1553 of the Affordable Care Act, the Church Amendments, the Coats-Snowe Amendment, the Weldon Amendment, as well as other Federal civil rights and conscience protection and religious liberty statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's website at: www.hhs.gov/civil-rights/filing-a-complaint/index.html. To mail a complaint, please send to HHS Office for Civil Rights, Centralized Case Management Operations, 200 Independence Avenue, S.W., Suite 515F, HHH Building, Washington, D.C. 20201.

*** Signature:** AGREE: I have read, understand, and agree to the above.

Do you need special accommodations for OCR to communicate with you about this complaint?

- Other

Other special accommodations: Email communication only

If we cannot reach you directly, is there someone we can contact to help us reach you?

No entries

Have you filed your complaint anywhere else? If so, please provide the following . (Attach additional pages as needed)

Filed Elsewhere

Name(s) of agency/organization/court Date Filed Case Number (If known)

Has your complaint been accepted by the other agency/organization/court? No

Has there been a decision or a determination?

No

To help us better serve the public, please provide the following optional information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

Ethnicity:

Race: No entries

Primary Language Spoken (if other than English):

CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about an individual, including personnel and medical records, when they are relevant to its investigation.

To investigate a complaint, OCR may need to disclose the individual's name and other identifying information about the individual to persons at the entity or agency under investigation or to other persons, agencies, or entities. In some circumstances, OCR may refer a complaint to another government agency, as warranted.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information and, with your consent, allows OCR to use an individual's name or other personal information, if necessary, to investigate a complaint.

Consent is voluntary, and it is not always needed in order to investigate a complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of the case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer a complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of a complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

OCR will use any applicable protections in that law to safeguard information which could identify an individual, or that, if released, could constitute a clearly unwarranted invasion of personal privacy. OCR may be required to release some information regarding the investigation of a complaint under the Freedom of Information Act (FOIA).

Please read and review the documents entitled [Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights](#) and [Protecting Personal Information in Complaint Investigations](#) for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of this complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- I understand that in the course of the investigation of this complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.
- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information which it has gathered as part of its investigation of this complaint.
- In addition, I understand that I may be covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or

discriminated against because the individual has made a complaint, testified, assisted, in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS's investigation, conciliation, or enforcement process.

*** Consent Selection:**

CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

File Uploaded:	Uploaded Files	
	File Name	Size (Byte) File Type
	LETTERS FIRST 11 Binder4.pdf	0 Complaint Description
	DAVID MEDEIROS VS BRAIN INJURY ALLIANCE OF CONNECTICUT BIAC Oct 28, 2024.pdf	0 Complaint Description
	2510184 Complainant Affidavit (2).pdf	0 Complaint Description
	2510184 Complainant Affidavit (3).pdf	0 Complaint Description
	LETTERS FIRST 27 Binder4 .pdf	0 Complaint Description
	01.03.2025 CHRO Case No. 2510184 BIAC Binder2.pdf	0 Complaint Description
	2510184 Complainant Affidavit (4).pdf	0 Complaint Description
	01.03.2025 CHRO Case No. 2510184 BIAC Binder2 (1).pdf	0 Complaint Description
	2510184 Complainant Affidavit (5).pdf	0 Complaint Description
	LETTERS FIRST 33 Binder4 .pdf	0 Complaint Description
	TIPS FBI EMAIL 01.12.2025 Re Information for FBI Director Christopher A. Wray Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0 Complaint Description
	7.18.2025 1 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0 Complaint Description
	2510184 Complainant Affidavit (7).pdf	0 Complaint Description
	2510184 Complainant Affidavit (6).pdf	0 Complaint Description
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	01.03.2025 biac 2510184 Mail - ABI RESOURCES 860 942-0365 - Outlook (2).pdf	0 Complaint Description
	01.03.2025 biac 2510184 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0 Complaint Description
	7.18.2025 3 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0 Complaint Description
	7.18.2025 2 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0 Complaint Description
	7.18.2025 8 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0 Complaint Description

File Name	Size (Byte)	File Type
7.18.2025 4 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
01.03.2025 CASE 2510184 Service of CHRO Complaint David Mederios v. Brain Injury Alliance of Connecticut BIAC .pdf	0	Complaint Description
12.17.2024 2510184 Service of CHRO Complaint Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
7.18.2025 5 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
7.18.2025 6 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Attachment #1.pdf	0	Complaint Description
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Attachment #2.pdf	0	Complaint Description
7.18.2025 10 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
2510184 Service of CHRO Complaint 11.19.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
2510184 Service of CHRO Complaint Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
12.13.2024 chro biac 2510184 Appearance CHRO 11.22.24.pdf	0	Complaint Description
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Appearance CHRO 11.22.24.pdf	0	Complaint Description
7.18.2025 7 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Attachment #3.pdf	0	Complaint Description
2510184 Service of CHRO Complaint 11.19.2024 first Mail - ABI RESOURCES 860 942-0365 - Outlook (1).pdf	0	Complaint Description
2510184 Service of CHRO Complaint 11.19.2024 first Mail - ABI RESOURCES 860 942-0365 - Outlook (2).pdf	0	Complaint Description
7.18.2025 13 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
2510184 Service of CHRO Complaint 11.19.2024 first Mail - ABI RESOURCES 860 942-0365 - Outlook (3).pdf	0	Complaint Description
2510184 Service of CHRO Complaint 11.19.2024 first Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
06.27.2025 Report Healthcare Fraud.pdf	0	Complaint Description
2510184 Respondent Service Letter (5).pdf	0	Complaint Description

File Name	Size (Byte)	File Type
2510184 Respondent Service Letter (2).pdf	0	Complaint Description
2510184 Respondent Service Letter (4).pdf	0	Complaint Description
2510184 Respondent Service Letter (3).pdf	0	Complaint Description
2510184 Respondent Service Letter (6).pdf	0	Complaint Description
2510184 Respondent Service Letter.pdf	0	Complaint Description
Attachment #4.pdf	0	Complaint Description
2510184 Schedule A (2).pdf	0	Complaint Description
2510184 Schedule A (3).pdf	0	Complaint Description
2510184 Schedule A (4).pdf	0	Complaint Description
2510184 Schedule A (5).pdf	0	Complaint Description
2510184 Schedule A (6).pdf	0	Complaint Description
2510184 Schedule A.pdf	0	Complaint Description
BIAC Answer - Complaint Response 1.2.25 (2).pdf	0	Complaint Description
Attachment #5.pdf	0	Complaint Description
2510184 Complainant Service Letter (2).pdf	0	Complaint Description
BIAC Answer - Complaint Response 1.2.25 (3).pdf	0	Complaint Description
BIAC Answer - Complaint Response 1.2.25.pdf	0	Complaint Description
2510184 Complainant Service Letter (4).pdf	0	Complaint Description
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7.18.2025 12 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
2510184 Complainant Service Letter.pdf	0	Complaint Description
7.18.2025 9 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
BIAC Schedule A Response - 1.2.25 (3).pdf	0	Complaint Description

File Name	Size (Byte)	File Type
Certification 1.2.25.pdf	0	Complaint Description
Certification 1.2.25 (2).pdf	0	Complaint Description
BIAC Schedule A Response - 1.2.25.pdf	0	Complaint Description
BIAC Schedule A Response - 1.2.25 (2).pdf	0	Complaint Description
Certification 1.2.25 (3).pdf	0	Complaint Description
BIAC - BM Notarized Verification.pdf	0	Complaint Description
2023-2024-FOIA-Timeline-Grievances-Authorization-Crises-EVV-Sandata-Gainwell-DSS-Emails-Binder-5-Volume-4-Provider-Directory-Extract-256-Pages-Forensic-Evidence-David-Medeiros.pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (12).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (11).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12062024939 (2).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12062024939 (5).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12062024939 (1).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (13).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12062024939 (3).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (9).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12062024939 (4).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12062024939.pdf	0	Complaint Description
Medeiros_CHRO2510183_FederalEscalation_DOJ-FBI-HHS-CMS-OSC-GAO (1).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12052024838 (2).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (10).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (4).pdf	0	Complaint Description
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OSCFiling-MedeirosDavid-DI-12052024838 (4).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12052024838 (3).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12022024333 (2) (1).pdf	0	Complaint Description

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OSCFiling-MedeirosDavid-DI-12022024333 (1).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12022024333 (2).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (3).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (6).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-11282024737 (4).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-11282024737 (5).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12032024933 (1).pdf	0	Complaint Description
2024-12-19-OSC-Whistleblower-Disclosure-Medeiros.pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12032024933 (2).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (7).pdf	0	Complaint Description
NEW 2024-12-19-OSC-Whistleblower-Disclosure-Medeiros.pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-112620241121 (2).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12042024718 (2).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (8).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-112620241121 (3).pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-11272024158 (1).pdf	0	Complaint Description
10.20.2025 OSCFiling-MedeirosDavidDaniel-MA-11202025420.pdf	0	Complaint Description
12.19.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf	0	Complaint Description
OSCFiling-MedeirosDavid-DI-12042024718 (3).pdf	0	Complaint Description
2024-12-06-OSC-Whistleblower-Disclosure-Medeiros.pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (14).pdf	0	Complaint Description
2024-11-25-OSC-Whistleblower-Disclosure-Medeiros (2).pdf	0	Complaint Description
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File Name	Size (Byte)	File Type
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Date Tue 11.26.2024 6 48 PM OSCFiling MEDEIROS Your Office of Special Counsel Complaint Has Been Received OSC FBI DOGE .pdf	0	Complaint Description
2024-12-02-OSC-Confirmation-Email-Medeiros.pdf	0	Complaint Description
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OSCFiling-MedeirosDavid-DI-12112024134 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
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2026-03-25-SafeGuard-UPIC-Eric-Bischof-Response-Medeiros 2 .pdf	0	Complaint Description
2026-03-25-SafeGuard-UPIC-Eric-Bischof-Response-Medeiros.pdf	0	Complaint Description
2026-03-26-Gainwell-Technologies-CMAP-E-Delivery-Alert-Medeiros.pdf	0	Complaint Description
Grant or Contract Fraud Complaint.pdf	0	Complaint Description
Whistleblower Report – Systemic Medicaid Fraud & Olmstead Violations in Connecticut ABI 2026-03-25-SafeGuard-UPIC-Eric-Bischof-Response-Medeiros.pdf	0	Complaint Description
Step 7_ Review - Contact the Civil Rights Division _ Department of Justice - Copy.pdf	0	Complaint Description
Step 7_ Review - Contact the Civil Rights Division _ Department of Justice.pdf	0	Complaint Description
Electronic Tip Form _ FBI.pdf	0	Complaint Description
Electronic Tip Form _ FBI - Copy.pdf	0	Complaint Description
Fw Information for FBI Director Christopher A Wray Whistleblower Report – Systemic Medicaid Inbox - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Medicaid ABI Waiver Programs (4).pdf	0	Complaint Description
09.24.2024 Federal Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024 (3).pdf	0	Complaint Description
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf	0	Complaint Description
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HHS Office of Inspector General Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Relayed ROPHIDSC@cms.hhs.gov HCBS@cms.hhs.gov ROBOSORA@cms.hhs.gov Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
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OCR Deleted My Clarifying Reply Without Reading It Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Senator Richard Blumenthal - Formal Request for Immediate Senate Oversight and Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description

File Name	Size (Byte)	File Type
Formal Complaint Urgent Request for Investigation Systemic Failure of Connecticut Community Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Attorney General Tong URGENT Immediate AG Investigation Required Today DSS Mail ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
OCR Deleted My Clarifying Reply Without Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Attorney General Tong, URGENT Immediate AG Investigation Required Today DSS Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Senator Richard Blumenthal Formal Request for Immediate Senate Oversight and Investigation Mail ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Governor Ned Lamont Executive Intervention Required Today Connecticut DSS Blocking Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Formal Complaint Urgent Request for Investigation – Systemic Failure of Connecticut Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Governor Ned Lamont Executive Intervention Required Today Connecticut DSS Blocking Mail 2 - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Immediate Written Answers Required Today re ABI Resources Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
CMS Philadelphia (Region 3) Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Immediate request for CMS report number for Aug 11 2025 Medicaid exclusion ADA matter Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Attorney General Tong URGENT Immediate AG Investigation Required Today DSS Blocking ABI Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Governor Ned Lamont Executive Intervention Required Today Connecticut DSS Blocking CARF Accredited ABI Resources from Providing Medicaid ABI Waiver Services Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
URGENT Medicaid Waiver Violation & Closed Referral System - CT DSS (Ref HHS OCR Referral) Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Whistleblower Report Sent Items DAvid Medeiros 3 - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Christine Weston URGENT Immediate Written Answers Required Today re ABI Resources Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Response to your CMS Correspondence Immediate request for CMS report number for Aug 11 2025 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Immediate Action Required Provide Report Number for Aug 11, 2025 ADA Medicaid Exclusion Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Automatic reply Immediate request for CMS report number for Aug 11 2025 Medicaid exclusion ADAMail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
CMS FOIA Request Acknowledgement_ Control Number 090620247088 - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
CMS Response - Medeiros Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Whistleblower Report Sent Items DAvid Medeiros 2 - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
03.13.2026 Report Healthcare Fraud.pdf	0	Complaint Description
Federal_Medicaid_Brain_Injury_ABI_Waiver_Compliance_Report_20260311_v1.pdf	0	Complaint Description
Formal Pre Litigation Demand – Complete Lock Out of Wix Vibe Editor on david medeiros.com Due to Forced and Non Functional GitHub Reconnection and Targeted	0	Complaint Description

File Name	Size (Byte)	File Type
Suppressi (1).pdf		
David_Medeiros_ABI_Waiver_Whistleblower_Report_Olmstead_March_13_2026_v1.pdf	0	Complaint Description
Whistleblower Report Civil Rights Complaint Systemic Medicaid Fraud, Olmstead Violations Sent Items - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
Whistleblower Report Sent Items DAvid Medeiros - ABI RESOURCES 860 942-0365 - Outlook.pdf	0	Complaint Description
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