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

I believe that my...

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

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

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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)
- ☐ CONN. GEN. STAT. § 46a-60(b)(4)
- ☐ CONN. GEN. STAT. § 46a-60(b)(5)
- ☐ CONN. GEN. STAT. § 46a-60(b)(7)
- ☐ CONN. GEN. STAT. § 46a-60(b)(8)
- ☒ CONN. GEN. STAT. § 46a-64
- ☐ CONN. GEN. STAT. § 46a-70
- ☐ CONN. GEN. STAT. § 46a-71
- ☐ CONN. GEN. STAT. § 46a-80
- ☐ CONN. GEN. STAT. § 46a-81

- ☐ Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e-2 (cite for 15 or more individuals employed)
- ☐ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621-634 (cite for 20 or more individuals employed)
- ☒ Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.
- ☐ Equal Pay Act of 1964, U.S.C. § 206
- ☐ Section 504 of the Rehabilitation Act of 1973

☐ 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
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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

