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@ctbrainingury.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 Connectitcut 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 Connectitcut 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 Connectitcut Department of Social Services

AUTHORIZATION TO RELEASE INFORMATION FROM THE RECORDS OF

David Medeiros
(Name of Undersigned)

I authorize disclosure by State of Connectitcut 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)