

COLORADO DEPARTMENT OF TRANSPORTATION
**EEO INTAKE, COMPLAINANT INVESTIGATION CONSENT
& INFORMATION RELEASE**

Intake date

Filing a Discrimination Complaint at CDOT

Time Limits

CDOT's policy is to investigate and resolve your complaint within sixty days after the Civil Rights Specialist receives your signed complaint. **The complaint must be timely in accordance with federal and state anti-discrimination agencies.**

Time limits are:

- Equal Employment Opportunity Commission—300 days
- Colorado Civil Rights Commission—six (6) months. **Please note that you must initiate your complaint through the State Personnel Office.**

If your complaint is close to the end of the time limit for CCRD or EEOC, the CDOT Civil Rights Specialist may advise you to go directly to the agencies to preserve your rights under state and federal laws.

Filing Your Complaint with CDOT

Contact a CDOT Civil Rights Specialist to file a complaint of discrimination or to report activity that appears to be in violation of CDOT's equal employment and non-discrimination policy. You should file the complaint as soon as possible after the incident or incidents have occurred. A complaint alleging discrimination will be investigated based upon the information that you provide to the investigator. Be clear and specific when you report the potential violation(s). Jot down important information before you contact the Civil Rights Specialist such as a description of the incident(s), witnesses, date and time of alleged violation(s), statements made to you or about you, etc. You will be asked to complete the **intake form** included in this packet.

Within five (5) working days of receiving your signed complaint the Civil Rights Specialist will notify you in writing if your complaint is accepted for investigation. Illustrative reasons for not accepting a complaint may include, but are not limited to, the following:

1. Not an EO issue or the basis does not fall under non-discrimination policies.
2. Failure to provide reasonable corroborative and supportive information (information that will support your claim).
3. No identified harm or loss.
4. Referred to EEOC or CCRD due to time constraints.

EARLY RESOLUTION

With the consent and cooperation of involved parties, Mediation or Alternative Dispute Resolution (ADR) will be attempted for most complaints. Mediation and ADR are not appropriate for allegations of sexual harassment or discrimination.

YOUR RIGHTS AND RESPONSIBILITIES

A. YOUR RESPONSIBILITIES:

1. You must cooperate with the investigator; failure to cooperate during the investigation may result in your complaint being administratively closed by CDOT.
2. In order to protect the integrity of the investigation, you are asked not discuss your case with anyone other than the assigned investigator or your personal representative until the investigation is completed.

B. YOUR RIGHTS

1. You have a right to work in a workplace free of illegal discrimination and harassment.
2. You have a right to file a complaint of discrimination if you believe you have been discriminated against based on your race, color, national origin, gender, religion, age, or disability.
3. You have a right to be free from retaliation because you participated in a matter related to a claim of discrimination or if you opposed an activity that you believed violated non-discrimination policies.
4. You have a right to confidentiality to the maximum extent possible for information you provide related to a claim of discrimination.
5. You have a right to be advised of the status of your case upon your request.
6. You have the right to rebut the respondent's information.

SIGNATURE

I hereby acknowledge that I have received a copy of the CDOT discrimination complaint process. I understand that intentional false statements and/or allegations may be subject to corrective and/or disciplinary action.

Complainant signature

Date

A copy of this form will be given to the complainant with the requirement of their signature to indicate that they have received the information. The original intake form with the complainant's signature will be placed in the investigator's file.

INSTRUCTIONS: Read this page, check the appropriate box and sign.

CONSENT TO REVEAL IDENTITY/INFORMATION

As a complainant, I understand that when the Colorado Department of Transportation (CDOT), Equal Employment Opportunity (EEO) Office investigates my complaint, it may become necessary to reveal my identity to the person(s) in the department/section being investigated. I also understand, that requests for related information made under the Colorado Open Records Act will be honored by the EEO Office which may result in disclosure of information that the EEO Office has gathered about me as part of this investigation.

I further understand that as a complainant, I am covered by the Civil Rights Act of 1964 and related laws. These laws protect individuals from any type of retaliation directed against them as a result of having made a complaint. Retaliation includes discrimination by intimidation, threats, or coercion. Also protected are persons who testify, assist, or otherwise participate in the investigation and the related hearing, proceeding, conciliation, or enforcement process.

- CONSENT** - I have read (or have had read to me) and I understand the above information. I authorize the CDOT EEO Office to reveal my identity to pertinent parties during the course of this investigation.

- CONSENT DENIED** - I have read (or have had read to me) and I understand the above information. I **do not** want my identity revealed and I authorize the CDOT EEO Office to attempt to prevent the disclosure of my identity. However, I understand that if my complaint results in legal action, my identity will be revealed.

INFORMATION RELEASE/DENIAL

- I authorize the Colorado Department of Transportation (CDOT), Equal Employment Opportunity (EEO) Office to receive information about me as part of its investigation of my complaint. This includes, but is not limited to, personnel records and could include medical records. The information will be used for investigatory activities and possible enforcement action. I understand that I am not required to authorize the release of this information, and I do so voluntarily.

- I wish to qualify this information release in the following manner, although I realize this may impede the CDOT EEO Office's ability to investigate my case and may result in the termination of this investigation:
 - EEO may not review/receive any records/information about me.
 - EEO may not review/receive copies of my personnel records.
 - EEO may not review/receive copies of my medical records.
 - EEO may not discuss any material about me.
 - Other: _____

Complainant's signature

Date

THIS SECTION FOR INVESTIGATOR USE ONLY

- Complaint Accepted
- Complaint Not Accepted, reason:

Interviewer Name and Title

Date of initial contact

- Refer to EO Headquarters Type: T7 T6 ADA HR Only

Complainant information

Name		Home phone	Work phone
Address			
Birth date	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race/ethnicity	
Work location		Region <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> HQ	
Job Title			Date of Hire

NAME(S) OF PERSON OR PERSONS YOU BELIEVE DISCRIMINATED AGAINST YOU:

MY COMPLAINT INVOLVES THE ISSUE(S) OF: [Check all issue(s) and list dates of occurrences]

ISSUE	DATE FIRST TOLD	DATE OF OCCURRENCE	ISSUE	DATE FIRST TOLD	DATE OF OCCURRENCE
<input type="checkbox"/> Discharged			<input type="checkbox"/> Refused Interview		
<input type="checkbox"/> Suspended			<input type="checkbox"/> Refused Promotion		
<input type="checkbox"/> Demoted			<input type="checkbox"/> Denied Pay Raise		
<input type="checkbox"/> Laid Off			<input type="checkbox"/> Denied Benefits		
<input type="checkbox"/> Forced to Quit			<input type="checkbox"/> Unequal Treatment		
<input type="checkbox"/> Forced to Retire			<input type="checkbox"/> Denied Training		
<input type="checkbox"/> Refused Hire			<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Refused Application			<input type="checkbox"/> Other (please explain*)		

*

I feel this discriminatory or unfair treatment was taken against me because of my:

- Race/color Gender National Origin Sexual Harassment
- Age (Age 40 to 70) Pregnancy Marital Status Retaliation related to discrimination
- Religion/Creed (specify) _____
- Disability (specify) _____
- Other (explain) _____

What reason(s) do you believe will be given for the action(s) taken against you?

List WITNESSES and indicate their direct knowledge of your issues:

1. Name	Location
Phone Number	<input type="checkbox"/> former employee <input type="checkbox"/> current employee <input type="checkbox"/> Other
Direct knowledge	
2. Name	Location
Phone Number	<input type="checkbox"/> former employee <input type="checkbox"/> current employee <input type="checkbox"/> Other
Direct knowledge	
3. Name	Location
Phone Number	<input type="checkbox"/> former employee <input type="checkbox"/> current employee <input type="checkbox"/> Other
Direct knowledge	

What remedy do you seek as a result of filing this complaint?

Job Reinstatement Back Pay Promotion
 Reinstatement of benefits Training Opportunities Equal Terms and conditions
 Other (be specific)

Complainant's statement (here or attached) Briefly explain what happened. Include how other people were treated differently than you.

Complainant signature	Date
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