EQUAL OPPORTUNITY COMPLAINT INFORMATION FORM

**Please read the form *completely* and carefully before you begin**. Note that this is a fillable PDF form. You may type in your information on the screen, then print and sign the form, or you may complete the form by hand. Please clearly print your answers. Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages. Providing as much information as you can to assist us in processing your complaint. If you do not know the answer to a question, put “not known” in the space for the answer. If the question does not apply to your case, put “n/a.”

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| |  |  | | --- | --- | | **Complainant’s Information** | **Respondents Information** | | |
| Name of Complainant (First, Middle, Last)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of Person/Agency Complaint Made Against  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Complainant’s Permanent Address:  Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_\_\_\_ | Respondent’s Address:  Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_\_\_\_ |
| DESCRIPTION OF THE COMPLAINT: Explain the complaint as briefly and clearly as possible. Explain who was involved. Be sure to include how other persons were treated differently from you. Attach any written material pertaining to your case. Please use extra paper if needed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| TO YOUR BEST RECOLLECTION, ON WHAT DATE(S) DID THE ALLEGED INCIDENT(S) TAKE PLACE?  Date of first occurrence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of most recent occurrence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If the date of the most recent alleged discriminatory action was more than 180 days ago, please explain why you did not file a complaint before:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| TO THE BEST OF YOUR KNOWLEDGE, WHICH OF THE FOLLOWING PROGRAMS WAS INVOLVED:  Workforce Innovation and Opportunity Act (WIOA) OSHA Unemployment Insurance  Welfare to Work Job Service TANF  Job Corps Apprenticeship Older Americans  SNAP (Food Stamp) Employment and Training  HAVE YOU ATTEMPTED TO RESOLVE THIS COMPLAINT DIRECTLY WITH THE RESPONDENT?  Yes No  What was the result? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HAVE YOU ATTEMPTED TO RESOLVE THIS COMPLAINT AT THE LOCAL LEVEL? Yes No  Have you been provided with a final decision at the local level regarding your complaint? Yes No  HAVE 90 DAYS ELAPSED SINCE YOU FILED OR ATTEMPTED TO FILE THS COMPLAINT AT THE LOCAL LEVEL? Yes No  Date you filed or attempted to file your complaint at the local level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| FOR THIS INCIDENT, HAVE YOU FILED A CASE OR COMPLAINT WITH ANY OF THE FOLLOWING?  Civil Rights Center, U.S. Dept. of Labor Federal or State Court  Civil Rights Division, U.S. Dept. of Labor Your State or local Human Relations/Rights Commission  U.S. Equal Employment Opportunity Commission  FOR EACH ITEM CHECKED ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:  Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case or Docket number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of trial or hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of agency or court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status of case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments – *if needed, please provide the requested information on additional paper and attach to this completed form* | |
| PLEASE LIST BELOW ANY PERSONS (WITNESSES, FELLOW EMPLOYEES, SUPERVISORS, OTHERS) WHOM WE MAY CONTACT FOR ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY YOUR COMPLAINT:  Name Relationship to case (witness, coworker) Phone  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WHAT DO YOU THINK WAS THE BASIS (REASON) FOR THE ALLEGED DISCRIMINATION? Please specify at least one basis, though you may specify any that apply.  **Because of my National Origin**  Are you Hispanic or Latino? Yes No  What is your national origin (the country from which you, your parents, your grandparents, etc. came)?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Because of Limited English Proficiency**  What is the language in which you feel most comfortable communicating?) *For example, Spanish, Croatian,*  *Cambodian, Russian, etc.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Because of my Race**  What is your race?  American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Asian White or Caucasian  Black or African American Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Because of my Sex/Gender** Male Female  **Because of my Color**  **Because of my Religion**  **Because of my Political Affiliation or Political Belief**  **Because of Disability**  I have a disability that may be active or inactive presently I have a record of a disability  I do not have a disability, but the organization treats me as if I am disabled.  **Because of my Citizenship -** What is your citizenship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Because of my participation in a program that receives Federal financial assistance**  Name the program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Retaliation against me** because I complained about discrimination, or because I gave a statement during an investigation, testified in a proceeding, or was involved in some other way with a discrimination complaint. | |
| **Please explain what happened, how you or someone else was harmed by what happened, and how or why you think what happened was because of discrimination.** If other persons or groups were treated differently, how their treatment was different, and how the different treatment harmed you or the other people you think were discriminated against. Please be specific and brief. Give the name(s) and contact information of any of the people who were involved.  If your answer does not fit in the following space, please use more pages to finish your answer and attach those pages to this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| HAVE YOU FILED A WRITTEN COMPLAINT WITH ANYONE ELSE ABOUT THE SAME EVENTS OR ACTIONS YOU DESCRIBE ON THIS COMPLAINT INFORMATION FORM?  Where and when did you file your written complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you received a final decision about your complaint? Yes No  If yes, what was the date of the final decision? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was the decision in writing? Yes No  Please attach copies of written decisions, dismissals, or right-to-sue letters with this complaint. | |
| IF THIS COMPLAINT IS RESOLVED TO YOUR SATISFACTION, WHAT REMEDIES DO YOU SEEK? | |
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| **CERTIFICATION: I CERTIFY** that the information furnished is true and accurately stated to the best of my knowledge. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint. | |
| **SIGNATURE OF COMPLAINANT DATE** | |

Please mail, email or fax this complaint to:

WIOA EO Officer

Name of Entity

Address:

Email:

Phone:

Fax: