



## **WIOA Discrimination and Equal Opportunity Complaint Procedure**

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### **Memorandum**

Date: March 30, 2021

To: All Workforce Innovation Opportunity Act (WIOA) Interested Parties

Purpose: To establish local area procedures for processing discrimination and equal opportunity complaints.

Rescissions: N/A

References: WIOA Sections 121(c), 183 (c), and 188; 29 CFR Part 38; 29 CFR 38.35; 20 CFR 658.400; Employment Development Department (EDD), Workforce Services Directive 17-01, August 1, 2017, Nondiscrimination and Equal Opportunity Procedures

### **A. General Provisions**

The nondiscrimination and equal opportunity provisions found in WIOA Section 188 and 29 CFR Part 38 prohibit discrimination on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; political affiliation or belief; citizenship; or against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the *Workforce Innovation and Opportunity Act* (WIOA), on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

WIOA service providers must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

### **B. Complaint, defined**

A complaint is defined by EDD, WSD 17-01, as an allegation of a violation of the nondiscrimination and equal opportunity provisions.

No recipient may discharge, intimidate, retaliate, threaten, coerce, or discriminate against any individual because the individual has filed a complaint alleging a violation of the WIOA; nondiscrimination and equal opportunity provisions; or furnished information to, or assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, exercising of authority under, or exercise of privilege secured by the nondiscrimination and equal opportunity provisions of WIOA or 29CFR Part 38.

### **C. Local Area Equal Opportunity Officer (EOO)**

The Workforce Development Board is the Human Services Department (HSD) service division which implements Workforce Innovation and Opportunity Act (WIOA) programs. To file a complaint or to request a hearing, contact the HSD Equal Opportunity Office/Civil Rights Coordinator (EOO), Joyce Germain, 1020 Emeline Avenue, Santa Cruz, CA 95060,

phone (831)454-4117; TTY number: (831)454-4568 or email: [Joyce.Germain@santacruzcounty.us](mailto:Joyce.Germain@santacruzcounty.us) . The local EOO is responsible for processing complaints and enforcing the complaint procedures.

**D. Contracted Service Provider Responsibilities**

1. Equal Opportunity Is the Law form  
Local WIOA contracted service providers will provide initial and continuing notice that it does not discriminate on any prohibited basis. Equal Opportunity Is the Law form is provided in appropriate formats, including in other languages other than English at WIOA intake and documented if provided in an alternate format. The signed form is filed in the hard copy paper files and provided to the WIOA applicant. The EOL form (Attachment 1) provides the information for "*What to Do if You Believe You Have Experienced Discrimination*".
2. Advisement of Participant Rights form  
During the WIOA Intake process, local WIOA contracted service providers will provide applicants with the *Advisement of Participants Rights* form. This notifies participants of their rights under the WIOA Grievance Procedures, Complaints and State Appeals Processes.
3. Program Orientation  
Contractor shall include a discussion of rights and responsibilities under the nondiscrimination and equal opportunity provision of WIOA Section 188 and 29 CFR Part 38, including the right to file a complaint of discrimination with the County EOO or directly with the Department of Labor, Director of the Civil Rights Center (CRC) during each presentation to orient new participants, new employees, and/or the general public to the WIOA programs and activities, whether in person, over the internet or other technology.
4. Complaints received by Contracted service provider  
Any and all complaints, received by contracted service providers either verbally, written (i.e. email) or by any other means shall be immediately forwarded to the EOO by phone, interoffice mail or by email communication. Contracted service providers will provide the Discrimination Complaint form for completion in addition to forwarding the verbal complaint to the EOO. Completion of the form does not preclude the filing of the complaint.

**E. Discrimination Complaint Form**

This form should be used by anyone in the workforce development community system who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, the form must be completed, signed on page 4 and returned to the One-Stop Career Center (currently branded as America's Job Center of California<sup>SM</sup> (AJCC)) Equal Opportunity Officer or Employment Development Department Field Office complaint representative. (Attachment 2)

**F. Local Area Complaint Log**

The County EOO must promptly notify the state or CRC when any administrative enforcement actions or lawsuits are filed against it alleging discrimination on the basis as set forth in WIOA Section 188 and 29 CFR Part 38.

The County EOO shall maintain a log of complaints filed that allege discrimination on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; political affiliation or belief, citizenship, and/or participation in a WIOA Title I program or activity. Any information that could lead to identification of a particular individual as having filed a complaint must be kept confidential. The County EOO files a copy of the log annually with the EDD Equal Employment Opportunity Office.

The log shall include the following:

- Date complaint was filed;
- Name and address of the complainant;
- Basis of the complaint;
- Description of the complaint;
- Disposition and date of disposition of the complaint.

**G. How an Individual files a complaint**

Any, and all, customer, applicant and participant complaints of alleged discrimination or violation of provision of WIOA Section 188 received by WIOA contracted service providers or WDB staff will be provided a *Discrimination Complaint Form* (Attachment 2) and immediately referred to the County EOO for processing.

Any person who believes that he or she or any specific class of individuals has been or is being subjected to discrimination prohibited by the nondiscrimination and equal opportunity provisions of the WIOA may file a written complaint within 180 days of the alleged discrimination using the *Discrimination Complaint Form*. The form may be filed directly with the County EOO or directly with CRC at Department of Labor, 2100 Constitution Avenue N.W., Room N4123, Washington , D.C. 20210.

Regardless of the form used, all complaints shall include the following:

- Name and address of the complainant, or other means of contacting them;
- Identity of the respondent;
- Description of the complainant's allegation(s) in sufficient detail to allow the County EO or CRC, as applicable, to determine whether:
  - The CRC or the County has jurisdiction over the complaint;
  - The complaint was filed timely, and
  - The complaint has apparent merit
- Signature of complainant or their authorized representative.

Both the complainant and respondent have the right to be represented by an attorney or other individual of their choice.

Extending Filing Time

CRC may extend the filing time if shown good cause. The request for an extension should include a waiver letter including the reason the 180-day period elapsed. County EOO will notify the complainant that a waiver letter is being filed with CRC.

**H. Local County EOO Guidelines**

Acknowledge Complaint~ Initial Notice

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The County EOO shall issue a written acknowledgment of receipt of a complaint immediately upon receipt of the complaint. The initial, written notice acknowledging receipt of the complaint must also include the following:

1) Alternative Dispute Resolution (ADR)

The County EOO must offer the complainant ADR immediately upon receipt of the complaint but before the Notice of Final Action has been issued. The choice whether to use ADR rests with the complainant. If the complainant elects not to participate in the ADR process, the County EOO shall investigate the circumstances of the alleged complaint.

If the agreement reached is breached, the parties may file a complaint with the CRC within 30 days of the date on which the non-breaching party learns of the alleged breach; and CRC may evaluate the circumstances to determine whether the agreement has been breached. If CRC determines that the agreement has been breached, the complaint will be reinstated and processed in accordance with County local area procedures.

If the parties do not reach agreement under ADR, the complainant may file directly with the CRC.

2) Right to Representation

The County EOO must inform the complainant of their right to representation in the complaint process.

3) Equal Opportunity Is the Law

County EOO must provide notice of rights as contained on the Equal Opportunity Is the Law form/notice.

4) Auxiliary Aids and Services

County EOO must include notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that the initial notice will be translated into non-English. (As required in 29 CFR 38.4(h), (i); 38.34, and 38.36)

Written Statement of Issue

Within 40 working days, County EOO shall provide a written statement of the issue that includes the following:

- 1) List of the issues raised in the complaint;
- 2) For each such issue, a statement whether the County (Local Area) will accept the issue for investigation or reject the issue, and the reasons for each rejection;

Investigation

The County EOO will establish a period for fact-finding or investigation of the circumstances underlying the complaint. The County EOO shall assure that all parties involved are given due process and that a decision is made strictly on the evidence on the record

Facilitate Conciliation

Conciliation is the process whereby parties to a dispute agree to utilize the services of a conciliator, who then meets with the parties separately in an attempt to resolve their differences.

At any point in the investigation of the complaint, the complainant, respondent, or County EOO may request that the parties attempt conciliation. The County EOO shall facilitate such conciliation efforts.

Jurisdiction

The County EOO shall notify the complainant in writing immediately upon determining that it does not have jurisdiction over the complaint that alleges a violation of the nondiscrimination and equal opportunity provision of the WIOA. EOO will notify EDD EOO and request the complaint be closed locally.

**I. Local EOO timeline**

County EOO has 90 days from the date the complaint was filed in which to issue a Notice of Final Action. The written Notice of Final Action must include the following for each issue raised:

- 1) Statement of the County decision on each issue and an explanation of the reasons underlying the decision(s);
- 2) Description of the way the parties resolved the issue(s);
- 3) Notice that the complainant has a right to file a complaint with CRC within 30 days of the date on which the Notice of Final Action is received, if the complainant is dissatisfied with the County's final action on the complaint.

If the 90-days expire and the County EOO fails to issue a Notice of Final Action, the complainant or their representative may file a complaint with the CRC within 30 days of the expiration of the 90-day period.

The County EOO will forward one copy of the alleged complaint and one copy of the issued Notice of Final Action to email: [EEOMAIL@edd.ca.gov](mailto:EEOMAIL@edd.ca.gov) or to the following address:

Equal Employment Opportunity Office  
Employment Development Department  
800 Capitol Mall, MIC 49  
P.O. Box 826880  
Sacramento, CA 94280-0001

**J. Due Process**

The County EOO shall assure that all parties (complainant and respondent) involved are given due process, including:

- A notice to all parties of the specific charges;
- A notice to all parties of the responses to the allegations;
- The right of both parties to representation;
- The right of each party to present evidence, and to question others who present evidence;
- A decision made strictly on the evident on the record.

**K. Complainant alleges discrimination by AJCC partner**

When a complainant alleges discrimination, on a basis that is prohibited both by Section 188 of WIOA and by a civil rights law enforced by the federal grant making agency (County), by a local partner in the AJCC system that operates a program or activity financially assisted by a federal grant making agency other than DOL, but participates in the AJCC delivery system both CRC and the grant making agency have dual jurisdiction over the complaint. The complainant shall be referred to the County EOO who shall notify the CRC immediately.

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Complainant shall complete the Discrimination Complaint form and provide to the County EOO who commences processing the complaint. The CRC will refer the complaint to the grant making agency for processing who then governs the processing of the complaint.

However, if complainant alleges discrimination, on a basis that is prohibited by Section 188 of WIOA but not by any civil rights law enforced by the federal grant making agency, the CRC has sole jurisdiction over the complaint and will retain and process the complaint. The CRC will advise the complainant and the County EOO of the referral.

### **L. Complaint Determinations**

If the County EOO receives a notice of noncompliance from CRC, the *Letter of Findings, Notice to Show Cause, or Initial Determination* will include the steps and specific time period to achieve voluntary compliance for the corrective action steps.

**NOTE:** This local procedure does not include the duties and responsibilities of the CRC and only includes the local process for handling complaints.

**Action:** All WIOA Service Providers shall comply with the attached procedure effective immediately.

**Inquiries:** Any questions regarding this procedure may be directed to the WDB Director.

### **Documents/forms referenced:**

1. Equal Opportunity Is the Law form
2. Advisement of Participants Rights form
3. Discrimination Complaint Form

This procedure authorized by: Santa Cruz County Workforce Development Board Director, March 30, 2021

Customer Name: \_\_\_\_\_

## Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including Limited English proficiency), age, disability (including cancer-related and genetic characteristics), marital status, veteran status, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

### What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The Human Services Department (HSD) of Santa Cruz County's Equal Opportunity Officer (EOO); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with HSD, you must wait either until HSD issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If HSD does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for HSD to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with HSD).

If HSD does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action from HSD.

Workforce Development Board is the Human Services Department's (HSD) service division which implements Workforce Innovation and Opportunity Act (WIOA) programs. To file a complaint or to request a hearing, contact the HSD EOO/Civil Rights Coordinator (Joyce Germain, TH00), 1020 Emeline Avenue, Santa Cruz, CA 95060, phone (831) 454-4117.

\_\_\_\_\_  
WIOA Staff Date

\_\_\_\_\_  
Customer Date

Distribution:  
White: Customer  
Canary: Customer File

Nombre de Participante: \_\_\_\_\_

## Oportunidad de Igualdad es la ley

Es contra la ley que este beneficiario de asistencia financiera federal discrimine por las siguientes bases:

En contra de cualquier individuo en los Estados Unidos, sobre la base de la raza, color, credo, ascendencia, religión, género (incluyendo embarazo, parto y condiciones medicas relacionadas, estereotipo de género, estatus transgénero, y identidad de género), orientación sexual, origen nacional (incluyendo comprensión de ingles limitado) , edad, discapacidad, condición medico (incluyendo condiciones relacionado con cáncer y características genética), estado civil, veterano del militar, afiliación o convicción política o creencia; y

En contra de cualquier beneficiario de programas asistidos financieramente bajo el Título I de la Ley de Innovación y Oportunidad en la Fuerza Laboral de 2014 (WIOA), sobre la base de su condición de ciudadanía del beneficiario como un inmigrante legalmente autorizado para trabajar en los Estados Unidos, o su participación en cualquier WIOA Titulo I– programa financieramente asistido o actividad.

El beneficiario no debe discriminar en ninguna de las siguientes áreas:

Decidiendo quien será admitido o tendrá acceso a cualquiera de WIOA título I – programa financieramente asistido o actividad.

Proveyendo oportunidades en o el tratamiento de cualquier persona con relación a tal programa o actividad; o tomar decisiones de empleo en la administración de o en conexión con tal programa o actividad.

### Qué hacer si usted cree que ha sido discriminado

Si usted cree que has sido discriminado bajo cualquier actividad o programa fundado por WIOA, puede presentar una queja dentro de 180 días de la fecha en que ocurrió dicha violación con:

El Departamento de Servicios Humanos (HSD) del Condado de Santa Cruz, Oficial de Audiencias/Coordinador de Derechos Civiles o presentar una queja directamente con el Director de la Centro de Derechos Civiles (CRC), Departamento Laboral (DOL), 200 Constitution Ave. N.W., Room N-4123, Washington, D.C. 20210

Si usted elige presentar su queja en la oficina de HSD antes de presentarla al CRC, usted deberá esperar hasta que ocurra lo primero, ya sea que HSD le dé una decisión o esperar 90 días antes de presentarla al DCR, (domicilio indicado arriba).

En caso de que HSD no le otorgue una decisión escrita dentro de 90 días de la fecha en que presento su queja, no necesita esperar tal decisión; usted puede presentar su queja al CRC dentro de 30 días en que terminó el periodo de los 90 días. (En otras palabras, dentro de 120 días después del día en que presento su queja con HSD.)

Si HSD le entrega un Aviso de acción final de su queja, pero usted no está satisfecho con la decisión o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja dentro de 30 días de la fecha en que usted recibió el aviso de acción final de HSD..

Mesa Directiva del Desarrollo de la Fuerza Laboral es la división de servicio de HSD que implementa los programas de WIOA. Para presentar una queja o solicitar una audiencia, deberá comunicarse con el HSD Coordinador de Derechos Civiles (Joyce Germain,TH00), 1020 Emeline Avenue, Santa Cruz, CA 95060, al teléfono (831) 454-4117.

El Personal de WIOA

Fecha

Participante

Fecha

Distribution:

White: Customer

Canary: Customer File



## **ADVISEMENT OF PARTICIPANTS RIGHTS**

As a Workforce Innovation Act (WIOA) participant, you have rights under the WIOA Grievance Procedures, Complaints, and State Appeals Processes. If you have service concerns or staff complaints, you may request to have a meeting with a supervisor or Manager to discuss your concerns and to seek a remedy or solution prior to filing a formal complaint.

You have the right to file a complaint which alleges that the Human Services Department (HSD), Workforce Development Board (WDB) or its sub-contractors have violated any area covered under the Scope of Complaints.

### **Scope of Complaints:**

A complaint may be filed which alleges that the Human Services Department, WDB or its sub-contractors have:

- Violated or unfairly applied the legislation or regulations under WIOA.
- Discriminated against a participant based on non-job related criteria.
- Violated Section 683.600 of the WIOA Legislation which states: the local administrative entity has the responsibility to conduct hearings and resolve complaints made by individuals about the administration of programs in the local area
- Violated other applicable Federal, State or local law.

**How to File A Complaint:** The filing of a complaint with HSD will be considered as a request for a hearing.

- A complaint must be submitted in writing and must be signed and dated. The written complaint should contain the following:
  - Full name; mailing address and telephone number (if any) of the complainant (person making the complaint)
  - Name; mailing address and telephone number of the agency involved (Respondent: who the complaint is against)
  - Factual information concerning the complaint
  - Desired outcome or remedy sought by the complainant
- Submit the written complaint to:

County of Santa Cruz, Human Services Department  
Civil Rights Coordinator  
1020 Emeline Avenue  
Santa Cruz, CA 95060

If you need assistance in preparing and filing the complaint against the Human Services Department/WDB or its sub-contractors, contact your case manager. If you would like assistance from someone other than your case manager, you may ask the Civil Rights Coordinator for assistance by calling (831) 454-4117.

### **When to File A Complaint:**

- All complaints must be made in writing within one year of the alleged violation, except complaints alleging waste, abuse, fraud; or discrimination. See the *Equal Opportunity Is The Law* form for Discrimination rights and due process. Complaints alleging waste, abuse or fraud should immediately be reported to the Workforce Development Board Division Director.

### **Notice of Hearing:**

- The complainant and the respondent must be notified in writing of the hearing ten (10) calendar days prior to the hearing date. The ten (10) day notice may be shortened with prior written consent of the parties involved.
- This hearing will be held within 30 days of the filed request.
- A decision or resolution must be made within 60 days of the request for hearing. There will be further appeal rights on the decision notice if you are dissatisfied with the hearing resolution.

A good faith effort shall be made to informally resolve any/all complaints prior to the scheduled hearing date. Whenever possible, an attempt shall be made to resolve the issue through an informal conference (meeting) within ten (10) calendar days of receipt of the complaint.

By signing below, I acknowledge receipt of a copy of this *Advisement of Participants Rights* form.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

REV. 10/24/16

white copy: participant  
yellow copy: file

## AVISO DE LOS DERECHOS COMO PARTICIPANTE

Como un participante del Programa de la Ley de Innovación y Oportunidad en la Fuerza Laboral (WIOA), usted tiene derechos bajo los procesos de quejas y apelaciones del estado. Si usted tiene preocupación de los servicios o queja sobre los empleados, usted puede pedir una cita con el supervisor(a) o el manejador(a) del programa para tratar de solucionar su situación antes de que entregue su demanda.

Usted tiene el derecho de entregar su demanda que declara que el Departamento de Servicios Humanos (HSD) del Condado de Santa Cruz o los sub contratistas han violado alguna área cubierta bajo el Grupo de Demandas.

### **Grupo de Demandas:**

Una demanda puede ser entregada que declara que el Departamento de Servicios Humanos (HSD) del Condado de Santa Cruz, Mesa Directiva del Desarrollo en la Fuerza Laboral (WDB) o los sub contratistas han:

- Violado o han sido injustos en aplicar las reglas de WIOA.
- Discriminado contra un participante basado en algo que no tiene que ver con el trabajo.
- Violado Sección 683.600 de las reglas de WIOA que dice: la oficina administrativa local tiene la responsabilidad de dirigir audiencias y resolver las demandas hechas por los individuos tocante la administración de programas locales.
- Violado otra ley Federal, Estatal o local.

**Como Entregar Una Demanda:** Cuando entregue una queja a la oficina de HSD, se considera como una solicitud para una audiencia.

- La queja debe ser por escrito, firmada y fechada. La queja escrita debe contener lo siguiente:
  - Nombre completo; domicilio de correo y numero de teléfono (si tiene) del demandante (la persona entregando la queja)
  - Nombre; domicilio y número de teléfono de la agencia implicada (Demandado: la persona/agencia con quien tiene la queja)
  - Información basada en datos tocante la queja
  - La solución preferida por el demandante
- Entregue su queja por escrita a:
  - County of Santa Cruz, Human Services Department
  - Civil Rights Coordinator
  - 1020 Emeline Avenue
  - Santa Cruz, CA 95060

Si usted necesita ayuda en preparar o registrar su demanda contra el Departamento de Servicios Humanos (HSD) del Condado de Santa Cruz, Mesa Directiva de Desarrollo en la Fuerza Laboral o los sub-contratistas, póngase en contacto con su trabajador(a). Si desea asistencia de otra persona, usted puede pedir ayuda al Coordinador de Derechos Civiles al (831) 454-4711.

### **Cuando Hacer Una Demanda:**

- Todas las demandas deben ser entregadas por escrito dentro de un año de que declare la violación, excepto demandas declarando malgasto, abuso, fraude; o discriminación. Vea la forma *Una Oportunidad Igual Es La Ley* para sus derechos y proceso de apelación. Quejas declarando malgasto, abuso, o fraude deben ser reportadas inmediatamente a la Director(a) de la Mesa Directiva de Desarrollo en la Fuerza Laboral.

### **Aviso Sobre La Audiencia:**

- El demandante y el demandado tienen que ser notificados por escrito de la fecha de la audiencia diez (10) días de calendario antes de la fecha de la audiencia. Los diez días de noticia pueden ser reducidos con permiso y consentimiento de las personas interesados.
- Esta audiencia se llevará a cabo en treinta (30) días de la fecha en que entrego su demanda.
- Una decisión o solución tiene que hacerse dentro de sesenta (60) días en que pidió la audiencia. Habrán otros derechos de apelación en la noticia con la decisión, si sigue disatisfecho con los resultados de la audiencia.

Un esfuerzo de buena fe se hará para resolver cualquier y toda demanda antes de la fecha de la audiencia. Cuando sea posible, trataremos de resolver la demanda en una conferencia informal dentro de diez días de que recibimos la demanda.

En firmar aqui, yo reconozco que recibí una copia de este *Aviso de Los Derechos Como Participante*.

\_\_\_\_\_  
Firma de Participante

\_\_\_\_\_  
Fecha

REV. 10/24/16

white copy: participant

yellow copy: file



**4. Tell Us About the Incident(s)**

- Explain briefly what happened and how you were discriminated against.
- Provide the date(s) when the incident(s) occurred.
- Indicate who discriminated against you. Include names and titles if possible.
- If other people were treated differently than you, tell us how they were treated differently.
- Attach any documents that you think might help us better understand your complaint.

**5. Please List Below Any Person(s) (Witnesses) That We May Contact for Additional Information to Support or Clarify the Complaint.**

Name	Address	Phone

**6. Basis for the Discrimination**

Check the type of discrimination you experienced, such as age, race, color, national origin, disability, etc. If you believe more than one basis was involved, you may check more than one box.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Age</b> - <i>provide date of birth:</i><br><input type="checkbox"/> <b>Color</b><br><input type="checkbox"/> <b>National Origin</b> (Including limited English proficiency)<br><input type="checkbox"/> <b>Retaliation</b><br><input type="checkbox"/> <b>Gender - Specify</b> <input type="checkbox"/> F <input type="checkbox"/> M<br><input type="checkbox"/> <b>Race - indicate race:</b><br><input type="checkbox"/> <b>Political Affiliation or Belief</b> | <input type="checkbox"/> <b>Citizenship</b><br><input type="checkbox"/> <b>Disability</b><br><input type="checkbox"/> <b>Religion</b><br><input type="checkbox"/> <b>Harassment</b><br><input type="checkbox"/> <b>Sex (including including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status)</b><br><input type="checkbox"/> <b>Status as a program participant under the <i>Workforce Innovation Opportunity Act</i></b><br><input type="checkbox"/> <b>Other (Specify):</b> |
|--|---|

<b>7. Have You Previously Filed a Complaint Against this Person(s)/Entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, answer the questions below, if NO move to section 8.		
a.	Was your complaint in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	On what date did you file the complaint?	
c.	Name of office where you filed your complaint:	
Address: _____		
City: _____	State: _____	ZIP Code: _____
Phone number: (     )     -		
Contact person (if known): _____		
d.	Have you been provided a final decision or report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you marked "YES", please attach a copy of the complaint.</b>		

<b>8. What Corrective Action or Remedy Do You Seek? Please Explain.</b>

<b>9. Choosing a Personal Representative</b>	
<ul style="list-style-type: none"> <li>▪ You may choose to have someone else represent you in dealing with this complaint. It may be a relative, friend, union representative, an attorney, or someone else.</li> <li>▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative.</li> </ul>	
Do you want to authorize a personal representative to handle this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES, complete the section below. If NO, go to Section 10.</b>	
<b>AUTHORIZATION OF PERSONAL REPRESENTATIVE</b>	
I wish to authorize the individual identified below to act on my behalf as my personal representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.	
Name: _____	
<input type="checkbox"/> I am an attorney representing the complainant. <input type="checkbox"/> I am not an attorney representing the complainant.	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone : (     )     -	Fax: (     )     -
Email: _____	

## 10. Alternate Dispute Resolution (ADR) Also Known as Mediation

**Notice**—You must indicate if you wish to mediate your case. The Local Area Workforce Development Area cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
  - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
  - Mediation is conducted by a trained, qualified and impartial mediator.
  - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
  - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
  - **Agreements are legally binding on both parties.**
  - If an agreement is not reached, a formal investigation will start.
  - Failure to keep an agreement will result in a formal investigation.
  - A formal investigation will be opened if retaliation is reported.
- **Do you wish to mediate your complaint?**  
(Please check only one box)

**YES**, I want to mediate.       **NO**, please investigate.

**If you select “YES” you will be contacted within five business days with more information.**

## 11. Complainant Signature

Your signature on this form will initiate the processing of this complaint. By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge of belief.

**Signature:**

**Date:**