COMPLAINT INFORMATION FORM

Complaint Information Form

U.S. Department of Labor
Civil Rights Center

1. Complainant Information:

   State your name and address:

   _____

   _____

   _____

   Your telephone number(s):

   Home Number: ( ) -

   Work Number: ( ) -

2. Respondent Information:

   Provide name and address of agency involved:

   Telephone Number: ( ) -

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

   Date of first occurrence:

   Date of most recent occurrence:

5. Have you ever attempted to resolve this complaint at the local Level? ☐ No or ☐ Yes

   a. Have you been provided with a final decision at the local level regarding your complaint?

      ☐ No ☐ Yes

      Date of final decision (if any)

   b. Have 90 days elapsed since you filed or attempted to file this complaint at the local level?

      ☐ No ☐ Yes

      Date you filed or attempted to file your complaint at the local level.

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

For DOL use only

IF Received by CRC: _____Accepted _____ Not Accepted **Case Number _____**

By: **Date:**

7. To the best of your knowledge, which of the following Department of Labor programs were involved? (Check one)

- ☐ Workforce Investment Act (WIA)
- ☐ Job Training (JTPA)
- ☐ MSHA
- ☐ Welfare to Work
- ☐ OSHA
- ☐ Job Service
- ☐ WIN
- ☐ Youth
- ☐ Unemployment Insurance
- ☐ Job Corps
- ☐ Apprenticeship
- ☐ Older Americans
- ☐ New Directions
- ☐ Displaced Worker
- ☐ Other: Specify

8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)

- ☐ Race: Specify
- ☐ Color: Specify
- ☐ Religion: Specify
- ☐ National Origin: Specify
- ☐ Sex: Specify [ ] Male [ ] Female
- ☐ Age: Specify Date of Birth:
- ☐ Disability: Specify
- ☐ Political Affiliation: Specify
- ☐ Citizenship: Specify
- ☐ Reprisal/Retaliation: Specify
- ☐ Other: Specify

9. Do you think the discrimination against you involved: (Check one)

- ☐ Your job or seeking employment?

or

- ☐ Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- ☐ Hiring
- ☐ Transition
- ☐ Wages
- ☐ Job Classification
- ☐ Discharge/Termination
- ☐ Promotion
- ☐ Training
- ☐ Transfer
- ☐ Qualification/Testing
- ☐ Grievance Procedure
- ☐ Layoff/Furlough
- ☐ Recall (From Layoff-Furlough)
- ☐ Seniority
- ☐ Other: Specify
- ☐ Harassment
- ☐ Access/Accommodation
- ☐ Union Representation
- ☐ Union Activity
- ☐ Application
- ☐ Enrollment
- ☐ Referral
- ☐ Exclusion
- ☐ Placement
- ☐ Benefits
- ☐ Performance Appraisal
- ☐ Discipline/Reprimand
- ☐ Intimidation/Reprisal

10. Why do you believe these events occurred?

11. What other Information do you think is relevant to our investigation?

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

13. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name	Address	Telephone Number

14. Do you have an attorney?

☐ Yes ☐ No

If yes, please provide name, address and phone:

Attorney Name	Address	Telephone Number

15. Have you filed a case or complaint with any of the following?
- ☐ Civil Rights Division, U S Dept of Justice
- ☐ U S Equal Employment Opportunity Commission
- ☐ Federal or State court
- ☐ Your State or local Human Relations/Rights Commission

16. For each item checked in #15 above, please provide the following Information:

Agency:
Data Filed:
Case or Docket Number
Date of Trial or Hearing:
Location of agency or court
Name of Investigator:
Status of Case:
Comments:

17. Sign (Complaint NOT VALID unless signed)

Name: _____ Date: _____

U.S. Department of Labor, Civil Rights Center
NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information to Federal agencies, including the Civil Rights Center (CRC), the Privacy Act of 1974, (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C. 552) or "FOIA". Please read the description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, along with your complaint form.

The PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to CRC in connection with a discrimination complaint should know the following:

- CRC has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor, CRC is also authorized to conduct reviews of federal funded program to assess their compliance with civil rights laws.

- Information that CRC collects is analyzed by authorized personnel with CRC. This information may include personnel or program participant records, and other personal information. CRC staff may want to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help CRC determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. CRC may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.

- Information submitted to CRC may also be revealed to persons outside of CRC because it is necessary in order to complete enforcement proceedings against a program that CRC finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.

- Any personal information you provide may be used only for the specific purpose for which it was requested. CRC requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. CRC will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.

- No law requires that a complainant reveal personal information CRC, and no action will be taken against a person who denies CRC's request for personal information. However, if CRC cannot obtain the information needed to fully investigate the allegations in the complaint, CRC may close the case.

- Any person may ask for, and receive, copies of all personal materials CRC keeps in his or her file for investigatory use.

AS A POLICY, CRC DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. CRC never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave CRC written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request and receive information from many types of records kept by the Federal government-not just materials that apply to them personally. The Civil Rights Center must honor most requests for information submitted under FOIA, but there are exceptions.

- CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit CRC's ability to do its job effectively; and

- CRC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO THE CIVIL RIGHTS CENTER WITH YOUR SIGNED COMPLETED COMPLAINT INFORMATION FORM.

CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Civil Rights Center in connection with my complaint:

In the course of investigating my complaint, CRC may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to CRC, but CRC may close my complaint if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information CRC keeps in my complaint file for investigatory uses; and

Under certain conditions, CRC may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

SECTION A

[ ] YES, CRC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for CRC to disclose my identity during investigation of my complaint.

_____ _____

(Signature) (Date)

SECTION B

[ ] NO, CRC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for CRC to disclose my identity during investigation on of my complaint. I request that CRC process my complaint, however, I understand that CRC may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand CRC may close my complaint if it cannot begin an investigation because I have not consented for CRC to reveal my identity.

_____ _____

(Signature) (Date)

Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. Completing this form is voluntary; however, the requested information must be provided in order to file a complaint of discrimination. The Department of Labor's Civil Rights Center will use the information to investigate your complaint of discrimination. The estimated average response time to complete this form is 15 minutes per response. Send comments regarding this estimate or any other aspects of this collection of information to the U.S. Department of Labor, Office of the Assistant Secretary for Administration and Management, Civil Rights Center, Room N-4123, Washington, D.C. 20210. Please reference OMB control number 1225-0077.