

# Complaint Information Form

## U.S. Department of Labor Civil Rights Center



<p>1. Complaint Information State your name and address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Social Security Number: _____ (disclosure of Social Security Number is voluntary)</p>	<p>Your telephone number(s)</p> <p>Home _____</p> <p style="padding-left: 40px;">Area Code      Number</p> <p>Work _____</p> <p style="padding-left: 40px;">Area Code      Number</p>	<p>7. To the best of your knowledge, which of the following Department of Labor programs was involved? (Check one) *</p> <p>___ Workforce Investment Act (WIA)      ___ MSHA</p> <p>___ Welfare to Work      ___ OSHA</p> <p>___ Job Training      ___ WIN</p> <p>___ Job Corps</p> <p>___ Youth</p> <p>___ Unemployment Insurance</p> <p>___ Apprenticeship</p> <p>___ Older Americans</p> <p>___ New Directions</p> <p>___ Displaced Worker</p> <p>___ Other: Specify _____</p> <p><small>* At the local level, these programs may be known by a different name</small></p>
<p>2. Respondent Information Provide name and address of agency involved</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Telephone Number</p> <p>_____</p> <p style="padding-left: 40px;">Area Code      Number</p>	<p>8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (check)</p> <p>___ Race: Specify _____</p> <p>___ Color: Specify _____</p> <p>___ Religion: Specify _____</p> <p>___ National Origin: Specify _____</p> <p>___ Sex: Specify <input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p>___ Age: Specify Date of Birth _____</p> <p>___ Disability _____</p> <p>___ Political Affiliation: Specify _____</p> <p>___ Citizenship: Specify _____</p> <p>___ Reprisal/Retaliation</p> <p>___ Other: Specify _____</p>
<p>3. What is the most convenient time and place for us to contact you about this complaint?</p> <p>_____</p>		<p>9. Do you think the discrimination against you involved: (Check one)</p> <p>___ Your job or seeking employment? or</p> <p>___ Your using facilities or someone providing/not providing you with services or benefits?</p> <p>If so, which of the following are involved?</p> <p>___ Hiring</p> <p>___ Transition</p> <p>___ Wages</p> <p>___ Job Classification</p> <p>___ Discharge/Termination</p> <p>___ Promotion</p> <p>___ Training</p> <p>___ Transfer</p> <p>___ Qualification/Testing</p> <p>___ Grievance Procedure</p> <p>___ Layoff/Furlough</p> <p>___ Recall (From Layoff-Furlough)</p> <p>___ Seniority</p> <p>___ Intimidation/Reprisal</p> <p>___ Harassment</p> <p>___ Access/Accommodation</p> <p>___ Union Activity</p> <p>___ Union Representation</p> <p>___ Application</p> <p>___ Enrollment</p> <p>___ Referral</p> <p>___ Exclusion</p> <p>___ Placement</p> <p>___ Benefits</p> <p>___ Performance Appraisal</p> <p>___ Discipline/Reprimand</p> <p>___ Other: Specify _____</p>
<p>4. To your best recollection on what date(s) did the discrimination take place?</p> <p>_____</p> <p style="padding-left: 20px;">Date of first occurrence      Date of most recent occurrence</p>		
<p>5. Have you ever attempted to resolve this complaint at the local level?</p> <p>___ No      ___ Yes</p> <p>a. Have you been provided with a final decision at the local level regarding your complaint?</p> <p>___ No      ___ Yes</p> <p style="padding-left: 20px;">Date of final decision ( if any) _____</p> <p>b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level?</p> <p>___ No      ___ Yes</p> <p style="padding-left: 20px;">Date you filed or attempted to file your complaint at the local level _____</p>		
<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>For DOL Use Only</p> <p>CIF received by CRC _____ Accepted      ___ Not Accepted      Case Number _____</p> <p>By _____ Date _____</p>		

10. Why do you believe these events occurred?

14. Do you have an attorney?

Yes  No

If yes, please provide name, address and phone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial or Hearing: \_\_\_\_\_

Location of agency or Court: \_\_\_\_\_

\_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial or Hearing: \_\_\_\_\_

Location of agency or Court: \_\_\_\_\_

\_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signed (Complaint NOT VALID unless signed)

Date