



SUBJECT: EQUAL OPPORTUNITY DISCRIMINATION COMPLAINT PROCESSING POLICY AND PROCEDURES

Policy Number: WDC-02-2004-3445P

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Grantees, sub-recipients, and contractors funded under the Workforce Investment Act (WIA), whether in whole or in part, must abide by the Workforce Investment Act of 1998, the WIA Regulations, all applicable Office of Management and Budget (OMB) Circulars, state requirements in laws and rules (Revised Code of Washington and the Washington Administrative Code), Office of Financial Management (OFM) policies, and the Washington State WIA Policies.

PURPOSE: This policy is intended to ensure that program service providers implement complaint policies and procedures in compliance with guidelines provided by the Director, Civil Rights Center, U.S. Department of Labor (CRC/DOL), regarding the nondiscrimination/equal opportunity provisions of the Workforce Investment Act (WIA) of 1998 and 29 CFR Part 37. Section 188 of Title I-B of WIA prohibits discrimination on the basis of: race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for participants or applicants only, on the basis of either citizenship as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I-B financially assisted program or activity.

BACKGROUND: The Workforce Development Council (WDC) of Tacoma-Pierce County designates a local WDC Equal Opportunity (EO) Officer who is responsible for adopting and publishing policies and complaint procedures, and ensuring that the policy and procedures are followed.

POLICY AND PROCEDURES: Per 29 CFR Part 37.29, a service program provider must provide initial and continued notice that it does not discriminate on any prohibited ground. A copy of the *"Notice of Rights to File a Complaint"* must be provided to each participant and made a part of each participant's file. **If a complaint is filed, a copy of this Equal Opportunity (EO) Discrimination and Complaint Processing and Procedures must be provided to the complainant.**

The complaint document must contain the following information:

The complainant's name and address, or other means by which the complainant may be contacted; identification of the individual(s) or organization(s) responsible for the alleged discrimination; and a description of the complainant's allegation(s), which must include enough details to determine:

1. The recipient's jurisdiction of the complaint;
2. If the complaint was filed timely [within one hundred and eighty (180) days];
3. Specific prohibited bases of the alleged discrimination (i.e., race, sex, etc.);
4. Apparent merit of the complaint;
5. The complainant's signature or the signature of his or her authorized representative.

No individual, organization, or agency may discharge or retaliate in any manner against any person because that person filed a complaint, instituted any proceeding related to the Act, testified, or is about to testify, in any proceeding or investigation, or has provided information or assisted in an investigation.

Receipt of Complaint

If the complainant elects to file with an employee of the provider, that employee will immediately accept the complaint and forward the complaint to the local WDC EO Officer.

The local WDC EO Officer is responsible for providing local intake services for discrimination complaints to determine if the complaint is covered by 29 CFR, Part 37, and for resolving jurisdictional issues, if any. Upon receipt of the discrimination complaint, the local WDC EO Officer will log it in, and, if necessary, shall confer with the State EO Officer, prior to determining jurisdiction over the matter.

If the local WDC EO Officer determines that she or he does not have jurisdiction over the complaint, she or he must immediately notify the complainant in writing, including reasons for the determination. This "*Notice of Lack of Jurisdiction*" must advise the complainant that she or he has a right to file with the Director of the CRC at DOL within thirty (30) calendar days of the date of the Notice. If the local WDC EO Officer determines that another entity has jurisdiction, she or he will promptly refer the complaint to that entity and also promptly notify the complainant of the referral.

Initial Letter/Contents and Timeframes for Processing a Complaint

Within ten (10) working days of receipt of the complaint, the WDC EO Officer shall issue an initial written notice to the complainant that contains the following information:

- Acknowledgment of the receipt of the complaint;
- Advice to the complainant of his or her right to seek representation by an attorney or other individual of his or her choice in the complaint process; and
- Advice to the complainant of the timeframes for processing the complaint and providing a determination.

- A list of each issue raised in the complaint and, for each issue, a statement that the issue is accepted for investigation or is not accepted. Reason(s) must be provided for rejection.

The total time allowed for processing the complaint is ninety (90) calendar days from the date on which the complaint was filed. This process includes sixty (60) days at the local level and thirty (30) days for review at the state level, if warranted.

If the complainant elects to file with both the CRC and the WDC, the complainant shall be informed that the WDC has ninety (90) calendar days to process the complaint and that the CRC shall not investigate the complaint until the ninety (90) calendar-day period has expired.

The complainant will be given an invitation to participate in mediation. If the complainant elects to participate, he or she or the designated representative must respond to the invitation in writing within ten (10) calendar days of the date of the letter. This written acceptance must also include the relief sought. (See – Alternative Dispute Resolution Process below).

Immediately after issuance of the initial written notice of the complainant, the local WDC EO Officer shall either begin the fact-finding or investigation of the complaint, or arrange to have an investigation conducted. If the complainant or designated representative has not responded to the invitation within ten (10) calendar days, the complainant will be considered to have waived the right to mediation.

If the complainant refuses to participate in mediation, and/or mediation is unsuccessful, the local WDC EO Officer continues with the investigation.

The WDC will issue a *“Notice of Final Action”* to the complainant by the end of ninety (90) calendar days from the date on which the complaint was filed.

If the WDC fails to issue a *“Notice of Final Action,”* the complainant may file a complaint with the Director of the CRC. This must take place within thirty (30) calendar days of the expiration of the ninety (90) calendar-day period.

The Director of the CDC may extend the time limits for good cause shown if:

- a) The complaint has not been filed within one hundred and eighty (180) calendar days of the alleged discrimination;
- b) A complaint has not been filed with the CRC within thirty (30) calendar days of receipt of the recipient's determination; or
- c) The complainant has failed to file a complaint with the CRC within thirty (30) calendar days after the expiration of the ninety (90) calendar-day period provided to the local WDC EO Officer for a response.

Alternative Dispute Resolution (ADR) / Mediation Process

During the ninety (90) calendar-day period, complainants may elect to participate in mediation. If the complainant selects mediation, it allows disputes to be resolved in a less adversarial

manner. The local WDC EO Officer will process the request and then immediately forward it to the State EO Officer.

The State EO Officer will coordinate with the local WDC EO Officer to contract with a preapproved mediator or designate a Human Resource mediator. The individual conducting the mediation must be a neutral and impartial third party who will act as a facilitator. The mediator must be a person who is acceptable to all parties and who will assist the parties in resolving their disputes.

The local WDC EO Officer or State EO Officer will contact the parties no later than ten (10) calendar days of receipt of the complaint to determine the complainant's willingness to mediate.

If the complainant chooses to participate in mediation he or she or the designee must respond in writing within ten (10) calendar days of the date of the request. This written acceptance must be dated and signed by the complainant and must also include the relief sought.

A written confirmation identifying the date, time and location of the mediation conference will be sent to all appropriate parties. A consent form will be signed by all parties at initiation of the mediation process affirming that the contents of the mediation will be kept confidential. If resolution is reached under ADR/mediation, the agreement will be in writing. A copy of the signed agreement will be sent to the State EO Officer.

If an agreement is reached under ADR/mediation but a party to the agreement believes that his or her agreement has been breached, the non-breaching party may file a complaint with the CRC Director. If the parties do not reach resolution under ADR/mediation, the complainant will be advised of his or her right to file a complaint with the CRC/DOL; however, the local WDC EO Officer and State EO Officer will continue with the investigation.

If at all possible, the mediation process should be completed within thirty (30) calendar days of receipt of the complaint. This will assist in keeping within the ninety (90) calendar-day timeframe of the written *"Notice of Final Action"* if the mediation is not successful.

Notice of Final Action

A written *"Notice of Final Action"* will be provided to the complainant within ninety (90) calendar days of the date the complaint was filed. It must contain:

- A statement regarding the disposition of each issue raised in the complaint and the reason for the determination;
- A description of the way the parties resolved the issue(s). If the complaint was resolved by mediation, a copy of the agreement will be attached to the *"Notice of Final Action;"* and
- A notice that the complainant has the right to file a complaint with the CRC within thirty (30) calendar days after the date the *"Notice of Final Action"* is issued, if he or she is dissatisfied with the recipient's final action on the complaint.

The State EO Officer will review the complaint data on a routine basis. Should deficiencies be noted in the implementation of these complaint procedures by any local WDC, the State EO Officer will work in conjunction with the local WDC EO Officer to review the information and/or provide technical assistance in the complaint process, alternative dispute resolution, and/or investigation. Complaint data will be available for review by the CRC/DOL upon request.

Corrective Action

If discrimination is found through the process of a complaint investigation, the respondent shall be requested to voluntarily comply with corrective action(s) or conciliation agreement to correct the discrimination.

Confidentiality

EO Officers are required to keep the following information confidential to the maximum extent possible, consistent with applicable law and fair determination of the complaint:

- a) The fact that the complaint has been filed;
- b) The identity of the complainant(s);
- c) The identity of the individual respondents to the allegations; and
- d) The identity of any person or persons who furnished information relative to, or assisting in, a complaint investigation.

A separate system will be maintained both locally and at the state level for logging, tracking, and reporting on discrimination complaints.

Distinguishing between Program and Discrimination Complaints

A complaint cannot be processed as both a program complaint and as a discrimination complaint. A discrimination complaint includes, as a reason for mistreatment, one of the prohibited factors: race, color, national origin, sex, religion, age, disability, political affiliation or belief or, for participants, participation in WIA or citizenship.

Monitoring

The State EO Officer will review complaint data on a routine basis and during monitoring visits. Should deficiencies be noted in the implementation of these complaint procedures by any local WDC/program provider, the State EO Officer will work in conjunction with the local WDC EO Officer to review the information and/or provide technical assistance in the complaint process, alternative dispute resolution, and/or investigation.

Complaint data will be available for review by the CRC/DOL upon request.

Record Keeping

The local WDC EO Officer must maintain a log of complaints filed that allege discrimination based on race, color, religion, sex, national origin, age, disability, political affiliation or belief, citizenship, and/or participation in a WIA financially assisted program or activity. The log must include the name and address of the complainant; basis of the complaint; description of the complaint; date filed; disposition and date; and any other pertinent information. All records

regarding complaints and actions taken on complaints must be maintained for a period of not less than three (3) years from the final date of resolution of the complaint.

DEFINITIONS

Recipient/Program Provider: “Recipient” means any entity to which financial assistance under WIA Title I-B is extended, either directly from the U.S. Department of Labor or through the Governor or another recipient, excluding the ultimate beneficiaries of WIA Title I-B programs and activities.

Recipient, as defined in 20 CFR Part 37, includes all One-stop partners to the extent that they participate in the One-stop delivery system. As a result, all entities participating in the One-stop delivery system must abide by the nondiscrimination requirements of 29 CFR Part 37. However, only WDCs and above are required to have Equal Opportunity (EO) Officers and process discrimination complaints.

State Equal Opportunity (EO) Officer: The State EO Officer is the individual designated at the state level with the oversight responsibility for coordinating, implementing, maintaining and monitoring the nondiscrimination and equal opportunity requirements.

WDC Equal Opportunity (EO) Officer: The local WDC EO Officer is the WDC’s designated staff person responsible for administration of the WDC Area including sub-recipients’ and service providers’ discrimination complaint processing as outlined in this policy and procedures. This person may also be referred to as the Local Equal Opportunity Officer (LEOO).

Civil Rights Center (CRC): The CRC is the federal enforcement agency with the U.S. Department of Labor (DOL) located in Washington D.C., with jurisdiction over discrimination complaints alleging violations of the Workforce Investment Act of 1998, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the American with Disabilities Act, and similar laws.

Office for Civil Rights (OCR)/HHS: The OCR is the federal enforcement agency within the U.S. Department of Health and Human Services (HHS) located in Washington D.C., with jurisdiction over discrimination complaints alleging violations of the Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and Title V of the Older Americans Act.

Title IV Discrimination Complaints: Complaints alleging discrimination on the basis of race, color, or national origin in a federally assisted program. The CRC is responsible for enforcement.

Section 504 – Disability Complaints: Complaints alleging discrimination based on the presence of any sensory, mental, or physical disability, in violation of Section 504 of the Rehabilitation Act of 1973. The CRC is responsible for enforcement.

Americans with Disabilities Act: Complaints alleging discrimination on the basis of disability in employment, public accommodation and services, transportation, state and local government operations and communication are covered under the Americans with Disabilities Act of 1990. The U.S. Equal Employment Opportunity Commission (EEOC) as well as the CRC are both responsible for enforcement.

Title VII Discrimination Complaints: Complaints alleging employment discrimination on the basis of race, color, national origin, sex, religion, age or disability. The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcement. In complaints of violations of Title VI and VII, Title VI takes precedence over Title VII, thus affording CRC jurisdiction.

Title IX Discrimination Complaints: Complaints alleging sex discrimination in education or education-related employment. The Office for Civil Rights (OCR) with the U.S. Department of Education (DOE) is responsible for enforcement.

Alternative Dispute Resolution (ADR) Mediation Process: Mediation is a form of alternative dispute resolution attempted in a conference between the parties to the complaint (the complainant and the respondent) that is facilitated by a neutral third party. It is voluntary; but both parties must agree to participate. The intended outcome is an agreement between the parties that resolves the issues raised in the complaint. The agreement must be in writing, signed by all parties, and thereby becomes an enforceable contract designed to resolve identified issues and preserve the rights of a complainant.

ATTACHMENTS:

WDC Format for Filing a Complaint; Privacy Act Consent Form; Notice of Right to File a Discrimination Complaint and a copy of the U.S. Department of Labor (DOL) Complaint Information Form (English and Spanish).

REFERENCES:

- Section 188 of the Workforce Investment Act (WIA) of 1998
- 29 CFR Part 37 – regulations promulgating Section 188 of WIA
- Title VI & VII of the Civil Rights Act of 1964, as amended
- Section 504 of the Rehabilitation Act of 1973, as amended
- The Age Discrimination Act of 1975, as amended
- Title II, of the Americans with Disabilities Act of 1990, as amended
- Equal Pay Act of 1963
- Title IX of Education Amendments of 1972
- President’s Executive Order 11246
- Revised Code of Washington (RCW) 49.60

FORMAT FOR FILING A COMPLAINT

Why do you believe these events occurred?

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

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

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 _____

Complainant's Signature (**NOT VALID** unless signed)

Date _____

Do you have an attorney?

Yes _____ No _____

If yes, please provide name, address and phone

Have you filed a case or complaint with any of the following?

___ Civil Rights Division US Dept. of Justice

___ US Equal Employment Opportunity Commission

___ Federal or State Court

___ Your State or local Human Relations/Rights Commission

For each item checked 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 _____

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 this 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 federally funded programs to assess their compliance with civil rights laws.
- Information that CRC collects is analyzed by authorized personnel within 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 to 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 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 identify 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 this notice, and I consent for CRC to process 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 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 that CRC may close my complaint if it cannot begin an investigation because I have not consented for CRC to reveal my identity.

(Signature)

(Date)

Notice of Right to File a Discrimination Complaint

EQUAL OPPORTUNITY IS THE LAW

It is against the law for the Tacoma/Pierce County WDC and its service providers, as recipients 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, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the WorkForce Investment Act (WIA) of 1998, 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 WIA Title I-financially assisted program or activity.

The Tacoma/Pierce County WDC and its service providers must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA 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 you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

WDC Equal Opportunity Officer
Workforce Central
3650 South Cedar Street
Tacoma, WA 98409-7974 (253-254-7341)

Or

Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N4123
Washington, DC 20210

Or

State Equal Opportunity Officer
Employment Security Department
PO Box 9046
Olympia, Washington 98507-9046 (360-725-9454)

If you file your complaint with the Tacoma/Pierce County WDC, you must wait until either a written Notice of Final Action is issued, or until 90 days have passed, (whichever is sooner), before filing with the Civil Rights Center. If the Tacoma/Pierce County WDC 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 that Notice to be issued before filing a complaint with Civil Rights Center. However, you must file your Civil Rights Center 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 the Tacoma/Pierce County WDC). For information about these procedures, you may contact the local WDC Equal Opportunity Officer at 253-254-7341.

If the Tacoma/Pierce County WDC 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 Civil Rights Center. You must file your Civil Rights Center complaint within 30 days of the date on which you received the Notice of Final Action.

Signature: _____ Date: _____

I certify that I have been provided a copy of this statement.

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.

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
- Intimidation/Reprisal
- Harassment
- Access/Accommodation
- Union Activity
- Union Representation
- Application
- Enrollment
- Referral
- Exclusion
- Placement
- Benefits
- Performance Appraisal
- Discipline/Reprimand
- Other: Specify _____

For DOL Use Only

CIF received by CRC _____ Accepted _____ Not Accepted

Case Number _____

By _____

Date _____

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

<p>11. What other information do you think is relevant to our investigation?</p>	<p>16. For each item checked in #15 above, please provide the following information:</p> <p>Agency: _____</p> <p>Date Filed: _____</p> <p>Case or Docket Number: _____</p> <p>Date of Trial or Hearing: _____</p> <p>Location of agency or Court: _____</p> <p>_____</p> <p>Name of Investigator: _____</p> <p>Status of Case: _____</p> <p>_____</p> <p>_____</p>
<p>12. If this complaint is resolved to your satisfaction, what remedies do you seek?</p>	<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>.....</p> <p>Agency: _____</p> <p>Date Filed: _____</p> <p>Case or Docket Number: _____</p> <p>Date of Trial or Hearing: _____</p> <p>Location of agency or Court: _____</p> <p>_____</p> <p>Name of Investigator: _____</p> <p>Status of Case: _____</p> <p>_____</p> <p>_____</p>
<p>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.</p> <p><u>Name</u> <u>Address</u> <u>Telephone Number</u></p>	<p>Comments: _____</p> <p>_____</p> <p>_____</p>
<p>Signed (Complaint NOT VALID unless signed) _____</p> <p style="text-align: right;">Date _____</p>	

Hoja De Información Sobre Queja

Departamento del Trabajo
Centro de Derechos Civiles



<p>1. Información sobre el querellante Indique su nombre y dirección</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Seguro Social: _____ (esta información es voluntaria)</p>	<p>Teléfono _____</p> <p>Residencia _____ (Area) (Número)</p> <p>Trabajo _____ (Area) (Número)</p>	<p>7. A su entender, cual de los siguientes programas está relacionado con su queja? *</p> <p>___ WIA (Ley de Inversión en la Fuerza Trabajadora)</p> <p>___ "Job Corps"</p> <p>___ Servicio de empleo (Job Service)</p> <p>___ Jovenes (Youth)</p> <p>___ Seguro de Desempleo (Unemployment Insurance)</p> <p>___ Welfare to Work (Bienestar al Trabajo)</p> <p>___ Aprendizaje (Apprenticeship)</p> <p>___ Envejecientes (Older Americans)</p> <p>___ Seguridad y Salud en las Minas (MSHA)</p> <p>___ Seguridad y Salud Ocupacional (OSHA)</p> <p>___ "New directions"</p> <p>___ WIN</p> <p>___ Trabajadores Desplazados (Displaced Worker)</p> <p>___ Otra: Especifique _____</p> <p>* Al nivel local estos programas generalmente se conocen por otro nombre.</p>
<p>2. Información sobre el demandado Indique nombre y dirección de la Agencia contra quien usted se queja</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Teléfono _____</p> <p>_____</p> <p>(Area) (Número)</p>	<p>8. Base para queja: en su opinión, ¿por cual de las siguientes razones cree usted que ocurrió la discriminación contra usted?</p> <p>___ Raza: Especifique _____</p> <p>___ Color: Especifique _____</p> <p>___ Religión: Especifique _____</p> <p>___ Origen Nacional: Especifique _____</p> <p>___ Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino</p> <p>___ Edad: Especifique fecha de nacimiento _____</p> <p>___ Incapacidad física o mental: Especifique _____</p> <p>___ Afiliación política: Especifique _____</p> <p>___ Ciudadanía: Especifique _____</p> <p>___ Represalia/intimidación</p> <p>___ Otra: Especifique _____</p>
<p>3. ¿Cuál es el lugar y la hora mas conveniente para comunicarnos con usted?</p> <p>_____</p>		
<p>4. Según usted recuerda, ¿ en qué fecha(s) ocurrió la acción discriminatoria?</p> <p>Primera vez _____ Fecha más reciente _____</p>		
<p>5. ¿Ha intentado usted solucionar su queja a nivel local?</p> <p>___ NO ___ SI</p> <p>a. ¿Le han provisto con una decisión final sobre su queja?</p> <p>___ NO ___ SI</p> <p>b. ¿Han transcurrido 90 días desde que usted sometió o intentó someter su queja?</p> <p>___ NO ___ SI</p>		<p>Fecha de la decisión final _____</p> <p>Fecha en que sometió o intentó someter su queja _____</p>

6. Explique brevemente y con claridad que ocurrió y como se discriminó contra usted. Indique las personas que estuvieron envueltas en estos incidentes de discriminación. Asegúrese de indicar de qué manera otras personas han sido tratadas diferente a usted.

9. Cree usted que la acción discriminatoria estuvo relacionada con (Escoja una)

- Su trabajo o diligencias para conseguir empleo
- El uso de las facilidades o alguien proveyendo/no proveyéndole a usted servicios o beneficios

Si es así, cual de las siguientes situaciones están envueltas:

- Empleo
- Transición
- Salario/Sueldo
- Clasificación
- Promoción
- Adiestramiento
- Transferencia/Reasignación
- Credenciales/Exámenes
- Procesamiento de queja
- Despido/Suspensión
- Reinstalar
- Antigüedad
- Represalia/Intimidación
- Hostigamiento
- Acceso/Acomodo
- Actividades de la unión
- Solicitud
- Régistro/Matricula
- Referimiento
- Exclusión
- Asignación
- Beneficios
- Evaluación
- Acción disciplinaria/Reprimenda
- Otra: Especifique _____

For DOL Use Only

CIF received by CRC _____ Accepted _____ Not Accepted

Case Number _____

By _____

Date _____

14. ¿Por qué cree usted que aconteció esta(s) acción(es) discriminatoria?

17. ¿Tiene usted un abogado?

SI NO

Si tiene, indique el nombre, dirección y teléfono:

18. ¿Ha sometido usted una queja con alguna de las siguientes entidades?

- División de Derechos Civiles, Departamento de Justicia (Civil Rights Division, U.S. Dept. of Justice)
- Comisión de igualdad de Oportunidad de Empleo

<p>15. ¿Qué otra información cree usted nos ayudaría en la investigación de su queja?</p>	<p>(U.S. Equal Employment Opportunity Commission)</p> <p>____ Corte Estatal o Federal (Federal or State Court)</p> <p>____ Comisión Estatal de Derechos/ Relaciones Humanas (State Civil Rights or Human Rights Commission)</p> <p>19. Para cada entidad identificada en el # 15 arriba provea la siguiente información:</p> <p>Agencia: _____</p> <p>Fecha en que se sometió la queja: _____</p> <p>Número asignado a la queja: _____</p> <p>Fecha del juicio o vista: _____</p> <p>Localización de agencia o corte: _____</p> <p>_____</p>
<p>16. ¿Que remedios satisfacciones desea usted para considerar solucionada su queja?</p>	<p>Nombre del investigador: _____</p> <p>"Status" del caso (condición legal): _____</p> <p>_____</p> <p>_____</p> <p>Comentarios: _____</p> <p>_____</p> <p>_____</p> <p>.....</p>
<p>17. Indique las personas testigos compañeros de trabajo supervisores o otras con quienes debemos comunicarnos para obtener mas información sobre su queja</p> <p>Nombre Dirección Teléfono _____</p>	<p>Agencia: _____</p> <p>Fecha en que se sometió la queja: _____</p> <p>Número asignado a la queja: _____</p> <p>Fecha del juicio o vista: _____</p> <p>Localización de agencia o corte: _____</p> <p>_____</p> <p>Nombre del investigador: _____</p> <p>"Status" del caso (condición legal): _____</p> <p>_____</p> <p>_____</p>
<p>Firma (ESTA QUEJA NO ES VALIDA SIN SU FIRMA) _____</p> <p>Fecha _____</p>	<p>Comentarios: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>