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PACIFIC GATEWAY WORKFORCE INNOVATION NETWORK 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, complete this form, sign on page 4 and return to Pacific Gateway's Equal Opportunity Officer, Alisa Munoz at 3447 Atlantic Avenue, Long Beach CA, 90807 or alisa.munoz@pacific-gateway.org.

1. Complainant Information

Miss Ms. Mrs. Mr.

Other

Home Phone: () -

Work Phone: () -

Cell: () -

Name: _____

Street Address: _____

City: _____ Email: _____

State: _____ Zip Code: _____

2. Complainant Contact Information

When is it a convenient time during business hours (8 a.m. to 5 p.m.) to contact you by phone about this complaint?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Phone					

3. Contact Information for the Person(s) Who You Claim Discriminated Against You

Provide the name of the entity where person(s) work(s):

Name of person(s) who discriminated against you:

Address of person(s)/entity:

City: _____ State: _____ ZIP Code: _____

Phone: () -

Date of first occurrence:

Date of most recent occurrence:

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

7. Have You Previously Filed a Complaint Against this Person(s)/Entity? <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 (<i>if known</i>): _____	
d.	Have you been provided a final decision or report? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked "YES", please attach a copy of the complaint.	

8. What Corrective Action or Remedy Do You Seek? Please Explain.

9. Choosing a Personal Representative	
<ul style="list-style-type: none"> ▪ 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. ▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative. 	
Do you want to authorize a personal representative to handle this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , complete the section below. If NO , go to Section 10.	
AUTHORIZATION OF PERSONAL REPRESENTATIVE	
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: