

**DISCRIMINATION COMPLAINT FORM  
WORKFORCE DEVELOPMENT COMMUNITY**

**This form should be used by anyone who wishes to file a discrimination complaint against any person(s)/entity that discriminates against you in the workforce development community system. To file a discrimination complaint, complete this form, sign on page 4 and return to the One-Stop Career Center Equal Opportunity Officer or EDD field office complaint representative.**

**1. Complainant information:**

Miss    Ms.    Mrs.    Mr.    Other  
 Home Phone: (     )     -  
 Work Phone: (     )     -  
 Cell : (     )     -  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_    E-mail: \_\_\_\_\_  
 State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

**2. Complainant contact information:**

When is it a convenient time during business hours (8am to 5pm) 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 or status as alien US Worker
<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Political Affiliation
<input type="checkbox"/> Political Belief	<input type="checkbox"/> Religion
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Gender - <i>Specify</i> <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Status as a program participant under the Workforce Investment Act of 1998
<input type="checkbox"/> Race - <i>indicate race:</i>	<input type="checkbox"/> Other ( <i>Specify</i> ):
<input type="checkbox"/> of Hispanic or Latino origin <input type="checkbox"/> not of Hispanic or Latino origin	

<b>7. Have you previously filed a complaint against this person(s)/entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>YES</b> , answer the questions below, if <b>NO</b> 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</b> , complete the section below. <b>If NO</b> , go to Section 10.	
<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: ( ) -
E-mail: ( ) -	

**10. Alternate Dispute Resolution (ADR) also known as mediation.**

**Notice:** You must indicate if you wish to mediate your case. The EEO Office 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’s signature:**

**You must sign this form for your complaint to be processed!**

- Faxed or otherwise electronically delivered complaints will be logged into our system; however, an official investigation cannot begin until the original, signed copy is received.

**Signature:**

**Date:**