## **Complaint Information Form**



1.	omplainant Information:  ate your name and address:  Home ( )		following Depa	To the best of your knowledge, which of the following Department of Labor programs were involved? (Check one)*	
		Area Code Number Work ()	☐ CSBG	Workforce Investment Act (WIA)	
	Social Security Number(disclosure of Social Security Number is voluntary)	Area Code Number	☐ Youth		
2.	Respondent Information: Provide name and address of agency involved	Telephone Number:  Home ()  Area Code Number	☐ Apprentice ☐ Older Ame ☐ MSHA ☐ Dislocated ☐ Other: Spe * At the local le		
3.	What is the most convenient time and place for us to co	ntact you about this complaint?	8. Basis of Comp describes why discriminated Race: Spe	Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)  Race: Specify:  Color: Specify:  Religion: Specify:	
4.	To your best recollection on what date(s) did the discrimination take place?		☐ National O	rigin: Specify:	
	Date of first occurrence	Date of most recent occurrence		cify Date of Birth	
5.	Have you ever attempted to resolve this complaint at the	e local level?	Disability		
	□ No □ Yes		☐ Political Aff	filiation: Specify	
	Have you ever been provided with a final decision at the local level regarding your complaint?	Date of Final Decision (if any)	Citizenship		
	□ No □ Yes		☐ Reprisal/Re☐ Other: Spe		
6.	b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level?  No Yes  Explain as briefly and clearly as possible what happened Indicate who was involved. Be sure to include how other attach any written material pertaining to your case.	Date you filed or attempted to file your complaint at the local level  d and how you were discriminated against. Per persons were treated differently from you. Also	involved: (Che	involved: (Check one)  Your job or seeking employment? Or  Your using facilities or someone providing/ne providing you with services or benefits?  If so, which of the following are involved?  Hiring  Transition  Wages  Job Classification  Discharge/Termination  Promotion  Training	
	LWC use Only received by LWC  Accepted  Not Accepted	□Case Number:	Grievance  Layoff/Furle Recall (Fro Seniority Intimidation Harassmer Access/Act Union Activ Union Repi Application Enrollment Referral Exclusion Placement Benefits Performant Discipline/f	☐ Intimidation/Reprisal ☐ Harassment ☐ Access/Accommodation ☐ Union Activity ☐ Union Representation ☐ Application ☐ Enrollment ☐ Referral ☐ Exclusion ☐ Placement	
Ву:_		Date:			

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10.	Why do you believe these events occurred?	14. - -	Do you have an attorney?  Yes No If yes, please provide name, address and phone:
		- - -	
		<b>-</b>	
11.	What other information do you think is relevant to our investigation?	15.	Have you filed a case or complaint with any of the following?  Civil Rights Center, U.S. Dept. of Labor 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:
		-	Date Filed:
		=	Case or Docket #:
		=	Date of Trial or Hearing:
		-	Location of agency or Court:
12.	If this complaint is resolved to your satisfaction, what remedies do you seek?		None of house Produce
		=	Name of Investigator:Status of Case:
		-	Status of Case.
		=	
		= =	Comments:
		=	
		=	
		-	
		_	Agency:
13.	Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact	=	Date Filed:
	for additional information to support or clarify your complaint:		Case or Docket #:
	Name Address Telephone Number	-	Date of Trial or Hearing:
		-	Location of agency or Court:
		<b>-</b> -	
		=	Name of Investigator:
		=	Status of Case:
		-	
		-	Comments:
		=	
	Circuit (Consultint NOT VALID colors in 1)	=	
	Signed (Complaint NOT VALID unless signed)  Date		