

# Complaint Information Form



1. Complainant Information: Your telephone number(s)  
 State your name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home (\_\_\_\_) \_\_\_\_\_  
 Area Code Number  
 \_\_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_\_  
 Area Code Number  
 Social Security Number \_\_\_\_\_  
 (disclosure of Social Security Number is voluntary)

2. Respondent Information: Telephone Number:  
 Provide name and address of agency involved \_\_\_\_\_  
 \_\_\_\_\_  
 Home (\_\_\_\_) \_\_\_\_\_  
 Area Code Number  
 \_\_\_\_\_

3. What is the most convenient time and place for us to contact you about this complaint?  
 \_\_\_\_\_  
 \_\_\_\_\_

4. To your best recollection on what date(s) did the discrimination take place?  
 \_\_\_\_\_  
 Date of first occurrence Date of most recent occurrence

5. Have you ever attempted to resolve this complaint at the local level?  
 No  Yes  
 a. Have you ever been provided with a final decision at the local level regarding your complaint? Date of Final Decision (if any)  
 No  Yes \_\_\_\_\_  
 b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level? Date you filed or attempted to file your complaint at the local level  
 No  Yes \_\_\_\_\_

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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. To the best of your knowledge, which of the following Department of Labor programs were involved? (Check one)\*  
 Workforce Investment Act (WIA)  MSFW  
 CSBG  H-2a  
 Voc Rehab  OSHA  
 Job Corps  Trade Act (TAA & TRA)  
 Youth  
 Unemployment Insurance  
 Apprenticeship  
 Older Americans  
 MSHA  
 Dislocated Worker  
 Other: Specify: \_\_\_\_\_  
 \* At the local level, these programs may be known by a different name.

8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)  
 Race: Specify: \_\_\_\_\_  
 Color: Specify: \_\_\_\_\_  
 Religion: Specify: \_\_\_\_\_  
 National Origin: Specify: \_\_\_\_\_  
 Sex: Specify:  Male  Female  
 Age: Specify Date of Birth \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Political Affiliation: Specify \_\_\_\_\_  
 Citizenship: Specify \_\_\_\_\_  
 Reprisal/Retaliation \_\_\_\_\_  
 Other: Specify: \_\_\_\_\_

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 LWC use Only  
 CIF received by LWC  Accepted  Not Accepted  Case Number: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

