  

Attachment IV

***DISCRIMINATION COMPLAINT FORM***

**Orange County Workforce Development Board**

This form should be used by anyone who wishes to file a discrimination complaint against any person(s)/entity in the workforce development community system that you believe discriminated against you. To file a discrimination complaint, complete this form, sign on page 4, and return to either insert agency name EO Officer; **OR** to the OCWDB’s Equal Opportunity Officer **OR** to the Civil Rights Center (CRC). The complaint must be filed within **180 days** from the date of the alleged violation.

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| **1. Complainant information:** |
| * Miss ☐ Ms. ☐Mrs. ☐ Mr. ☐ Other
 | Home Phone: |
|  |  | Work Phone: |
| Name:  | Cell: |
| Street Address:  |
| City: | E-mail: |
| State: | Zip Code: |  |

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| **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** |  |  |  |  |  |

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| **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: |  |

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| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
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| 1. **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:
 |
| * Age- *provide date of birth:*
 | * Citizenship
 |
| * Color
 | * Disability
 |
| * National Origin (including limited English proficiency)
* Retaliation
* Gender - Specify ☐ F ☐ M
* Race - indicate race:
* Political Affiliation or Belief
* Status as a WIOA participant
 | * Religion
* Harassment
* Sex (including pregnancy, childbirth, or related medical condition, gender identity, and transgender status)
* Other (Specify):
 |

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| **7. Have you previously filed a complaint against this person(s)/entity? ☐ Yes** ☐ **No** |
| If **YES**, answer the questions below, if **NO** move to section 8. |
| **a.** | Was your complaint in writing? | * **Yes**
 | * **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? | * **Yes** ☐ **No**
 |
|  | **Please attach a copy of the complaint.** |



**8. What corrective action or remedy do you seek? Please explain:**

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| **9. Choosing a Personal Representative:** |
| * 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? | * **Yes ☐ 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: |
| * I am an attorney representing the complainant ☐ I am not an attorney representing the complainant
 |
| Mailing Address: |
| City: | State: | Zip Code: |
| Phone: | Fax: |  |  |
| E-mail: |

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| **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!**By signing this form, you are declaring under penalty of perjury that the information is true and correct to the best of your knowledge of belief. |
| * 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:** |



Attachment V

**Annual Complaint Log**

**Service Provider:**

**Calendar Year: ☐ None to report**

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| Date of Complaint | Name of Complainant | Address of Complainant | Email Address of Complainant | Status of Complaint | Date of the Alleged Incident | Grounds of Complaint | Description of Complaint | Name of Respondent | Is Respondent a Recipient? | Disposition/Outcome | Date of Disposition | ADR\*Used? |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |
|  |  |  |  |  |  | * Program Complaint
* Discrimination
 |  |  | * Yes ☐No
 |  |  | * Yes ☐No
* N/A
 |

\*ADR = Alternative Dispute Resolution (Mediation) for EO/Discrimination Complaints

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