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.

|  |  |  |
| --- | --- | --- |
| **1. Complainant information:** | | |
| * Miss ☐ Ms. ☐Mrs. ☐ Mr. ☐ Other | | Home Phone: |
|  |  | Work Phone: |
| Name: | | Cell: |
| 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: | |  |

*Rev 5/2021*

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



|  |  |
| --- | --- |
| 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): |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** | | |

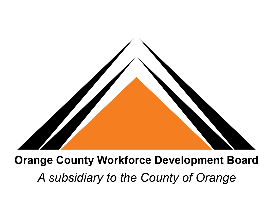


**8. What corrective action or remedy do you seek? Please explain:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

|  |  |
| --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

Rev 4/2021