



**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 program 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:**

To facilitate our review of this complaint, please specify the best day and time for us to reach you. Include your availability within the hours of 8:00AM to 5:00PM below.

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: _____
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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  |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> National Origin (including limited English proficiency)                | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Retaliation  | <input type="checkbox"/> Harassment   |
| <input type="checkbox"/> Gender - Specify <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Sex (including pregnancy, childbirth, or related medical condition, gender identity, and transgender status) |
| <input type="checkbox"/> Race - indicate race:  | <input type="checkbox"/> Other (Specify):   |
| <input type="checkbox"/> Political Affiliation or Belief  |   |
| <input type="checkbox"/> Status as a WIOA participant   |   |



**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 with 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:**