# Complaint Information Form

Expiration Date: July 31, 2014

Please read the form carefully. **Type or print your answers.** Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages.

**If a question or field has a star (*) next to it, you must provide that information. Providing the other information requested is optional, but will assist the Benton Franklin Workforce Development Council (WDC) in processing your complaint.** If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a."

***1. Are you the complainant or a representative of the complainant? Please check the correct box.** ☐ Complainant ☐ Representative

***2. Please give your name and the other information we ask you for on the lines below.** ***If you are a representative of the complainant, give the complainant's name and contact information in this section, and your own name and contact information in section 2A.***

*Complainant's Name

*Street Address

*City | *State | Zip Code

Telephone number(s) where we can reach you.

E-mail Address | Best time to contact you.

***2A. If you are the complainant's representative, please give your name and contact information in this section.***

Representative's Name | Representative's Organization (if any)

Street Address

City | State | Zip Code

Telephone number(s) where we can reach you. *(Do not give your work number if you don't want WDC to call you there.)*

E-mail Address | Best time to contact you.

***For the rest of the questions on this form, if you are filing this complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filling out the form.***

***3. This complaint is about something that happened to (Please check the appropriate box):**

☐ Only me ☐ Me and other people ☐ Other people, but not me

***4. Please give the name of the agency, organization, or business that you are complaining about. If you have any contact information for the agency, organization, or business, please give that information as well.**

*Name of Agency, Organization, or Business | Telephone Number(s)

Street or Mailing Address | E-mail Address



Revised June 2012

***5. What program was involved in the discrimination you are complaining about?** If you do not know the name of the program, and your complaint does not involve the WorkSource Columbia Basin, please check "Do not know."

- ☐ Workforce Investment Act Program
- ☐ Job Corps Program
- ☐ Unemployment Insurance
- ☐ Employment Service or Job Service
- ☐ Trade Assistance Act Program
- ☐ Other (what program?) _____
- ☐ One-Stop Career Center
- ☐ State or Local Government
- ☐ Vocational Rehabilitation
- ☐ American Recovery and Reinvestment Act (ARRA) Program
- ☐ Migrant and Seasonal Farm Workers Program
- ☐ Do not know

**6. What person(s) at the agency, organization or business listed in response to item 4 above was engaged in the alleged discrimination?** If you need more space to list all of the people, please attach more pages to this form.

Person's Name _____ Job Title _____ E-mail Address _____

Name of Organization _____ Mailing or Street Address _____

City _____ State _____ Zip Code _____ Telephone Number(s) _____

***7. What do you think was the *basis* (reason) for the alleged discrimination?** Please check a box next to the *basis* (reason) you think was involved in the alleged discrimination, and answer any other questions that go along with that box.
***If you do not check at least one box, you will slow down the processing of your complaint. You may check more than one box.***

☐ **Because of my National Origin (Please answer questions below.)**

Are you Hispanic or Latino? ☐ Yes ☐ No

What is your national origin (the country from which you, your parents, your grandparents, or your earlier ancestors came)?

_____

☐ **Because of my Limited English Proficiency** (What is the language in which you feel most comfortable communicating?

(For example, Spanish, Croatian, Cambodian) _____

☐ **Because of my Race** (please answer questions below.)

What is your race? Please check all that apply.

☐ White or Caucasian ☐ Black or African American ☐ American Indian or Alaska Native

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ **Because of my Sex/Gender** (Specify: ☐ Male ☐ Female

☐ **Because of my Color**

☐ **Because of my Religion**

☐ **Because of my Age** (what is your date of birth?) _____

☐ **Because of my Political Affiliation or Political Belief**

☐ **Because of my Disability** (Please check one of the following three boxes.)

☐ I have a disability (which may be active or inactive presently). ☐ I have a record of a disability.

☐ I do not have a disability, but the organization or program treats me as if I am disabled.

☐ **Because of my Citizenship (What is your citizenship?)** _____

☐ **Because of my participation in a program that receives Federal financial assistance** (Name the program.) _____

☐ **I was Retaliated Against (Retaliation)** because I complained about discrimination, or because I gave a statement during an investigation, testified in a proceeding about discrimination, or was involved in some other way with a discrimination complaint.

***8. Please explain what happened, how you were (or someone else was) harmed by what happened, and how or why you think what happened was because of discrimination.** If other persons or groups were treated differently from you, please describe who was treated differently, how their treatment was different, and how the different treatment harmed you (or the other people you think were discriminated against.) Please be specific and brief. Give the name(s) of and contact information for any of the people involved.

If your answer does not fit in the space below, please use more pages of paper to finish your answer, and attach those pages to this form.

***9. On what date(s) did the alleged discrimination take place?**
9A. Date of the first action: _____
9B. Date of most recent action: _____
9C. If the date of the most recent allegedly discriminatory action was more than 180 days ago, please explain why you did not file a complaint before now.

**10. Please list below any other people (witnesses, coworkers, supervisors, or others) whom you have not already named and whom we should contact for information about your complaint.** Attach additional pages if you need more space for this information.

| Person's Name | Relationship to case (witness, coworker, etc.) | Best time to contact this person. |
|---|---|---|

Telephone number(s) and/or e-mail address(es) where we can contact this person.

**11. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), about the same events or actions you describe on this Complaint Information Form?** If yes, please answer these questions, as best you can, about *each* agency, department, organization, or business where you filed a written complaint (using additional pages if necessary):

11A. Where and when did you file your first written complaint? Date Filed _____

| Name of Specific Office of Agency, Department, Organization, or Business | Phone Number | E-mail Address |
|---|---|---|

| Mailing or Street Address | City | State | Zip Code |
|---|---|---|---|

Name and Contact Information for person working on your complaint, if known.

11B. Has the place where you filed your first written complaint given you a final decision about the complaint? ☐ Yes ☐ No

11C. If yes, what was the date of the final decision? _____ Was the decision in writing? ☐ Yes ☐ No

Include copies of written decisions, dismissals, or Right-to-Sue Letters with this complaint.

**12. What remedies are you asking for?**

***13. Please sign and date this form in the appropriate space below. The Benton Franklin Workforce Development Council cannot accept a complaint for investigation if the Complaint Information Form has not been signed.**

| | |
|---|---|
| **Signature of Complainant** | **Date** |
| **Signature of Complainant's Representative** | **Date** |

Please mail, e-mail, or fax complaint to:

Mail: EO Officer
Benton Franklin Workforce Development Council
815 N Kellogg Street, Suite C
Kennewick, WA 99336

Fax: (509) 734-5999

E-mail: Sduran@bf-wdc.org

Completing this form is voluntary; however, answers to the starred questions and fields must be provided in order for the Benton Franklin Workforce Development Council to accept your discrimination complaint. The Benton Franklin Workforce Development Council will use the information to process, and where appropriate to investigate, your complaint. The estimated average time to complete this form is 15 minutes per response. Send comments regarding this estimate or any other aspects of this collection of information to EO Officer, 815 N Kellogg Street, Suite C, and Kennewick WA 99336.