

WIOA Discrimination Complaint Form

You have the right to receive fair treatment in programs and services funded by the Workforce Innovation Opportunity Act (WIOA) which is a federal program. You have a right to file a complaint when you feel that you were treated unfairly because of something about you, such as your race, color, religion, disability, sex, etc. **Please read the form carefully. Type or print your answers** in blue or black ink. 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 answer that question. You do not have to answer the other questions, but if you do, it will help us to process 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 of the Complainant

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

_____	_____
Complainant's Name	Telephone Number where we can reach you
_____	_____
Street Address	City State Zip code
_____	_____
Email Address	Best Time to Contact You

Name and contact information for someone we can contact if we cannot get in touch with you

2A. If you are the complainant's representative, please give your name and contact information in this section, and attach a letter or other document signed by the complainant, authorizing you to serve as his or her representative.

_____	_____
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 us to call you there.)

_____	_____
Email Address(es)	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 the person (the complainant), not you personally. Please give the answers the complainant would give.

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

_____ 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, and/or if you know the name of the person(s) who you think discriminated against you, please give that information as well.** If you need more space to give all of the information, please attach more pages to this form.

*Name of Agency, Organization, or Business

Street or Mailing Address

City

State

Zip code

Telephone Number(s)

Email Address

Name of Person You Think Discriminated

Job Title

***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 a WorkForce Center or a state or local government agency, please check “Do not know.”**

____ Workforce Innovation and Opportunity Act (WIOA) Program

____ Vocational Rehabilitation

____ Employment Service or Job Service

____ WorkForce Center

____ Trade Assistance Act Program

____ Unemployment Insurance

____ American Recovery and Reinvestment Act (ARRA)

____ Indian/Native American Program

____ Migrant and Seasonal Farm Workers Program

____ State or Local Government

____ Older Workers Program

____ Dislocated Worker

____ Do not know

____ Other (what?) _____

***6. On what date(s) did the alleged discrimination take place?**

Date of the First Action

Date of the Most Recent Action

***7. What do you think was the basis (reason) for the alleged discrimination?** Please check the boxes next to all of the bases (reasons) you think were involved in the discrimination, and answer any other questions that go along with that box. In the next question, you will be asked to explain why you checked each box.

Because of my National Origin.

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? _____

Because of my Race. What is your race? Please check all that apply.

White or Caucasian Black or African American Asian
 American Indian or Alaska Native Native Hawaiian or Pacific Islander Other _____

Because of my Disability. Please check one of the following:

I have a disability (which may be active or inactive right now). What is your disability? _____

I have a record of a disability. What was your past disability? _____

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

Because of my Sex. What is your sex? _____

Because of my Pregnancy.

Because of my Sexual Orientation. What is your sexual orientation? _____

Because of my Gender Identity. What is your gender identity? _____

Because of my Color. What is your color? _____

Because of my Religion. What is your religion? _____

Because of my Age. What is your date of birth? _____

Because of my Political Affiliation or Political Belief.

What is your political affiliation or political belief? _____

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 or was involved in some other way with someone else's discrimination complaint.

***8. For each of the bases (reasons for discrimination) you checked above, 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 the basis you checked.** For example, if you checked “Because of my Race,” list the facts you think explain *how or why* you think what happened was because of the race of the persons who were harmed. *If you do not explain why you checked a particular basis, we may reject that part of your complaint.*

If other persons or groups were treated differently from you (or the other people who you think were discriminated against), 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 you can.

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. 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
Telephone number(s)	Email address(es)	

10. What remedies are you asking for? For example, getting benefits or training you did not receive, changes in policies, etc.

11. Have you filed a written complaint with anyone else, such as the federal Equal Employment Opportunity Commission (EEOC), U.S. Department of Labor's Civil Rights Center (CRC), or the Minnesota Department of Human Rights (MDHR), about the same events or actions you describe on this complaint information form?

_____ Yes I have filed another written complaint. _____ No I have not.

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):

Name of Office, Agency, Department, Organization, or Business	Date Filed		
Street of Mailing Address	City	State	Zip code
Telephone Number(s)	Email Address		
Name of Person Working on Your Complaint	Job Title	Telephone Number	

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, or other written responses to your complaint that you have received.

***12. Please sign and date this form in the space below that applies to you. You must also read the notice on the next page entitled “How We Use Personal Information,” and sign and date the consent form. We cannot accept a complaint for investigation unless both this Complaint Form and the Consent Form have been signed.**

Signature of Complainant

Date

Signature of Complainant’s Representative

Date

Please mail, email, fax, or hand deliver your signed complaint to one of the following:

1. The **Local Equal Opportunity Officer** at the WorkForce Center (WFC) or WorkForce Service Area (WSA) where you are employed or received services.

2. **Karen Lilledahl** 651-259-7089 (Voice)
WIOA Equal Opportunity Compliance Manager 651-297-5343 (FAX)
Department of Employment and Economic Development (DEED)
Office of Diversity and Equal Opportunity
1st National Bank Building, E200
332 Minnesota Street
Saint Paul, MN 55101-1351

3. **Heather Stein** 651-259-7097 (Voice)
State-Level Equal Opportunity Officer 651-297-5343 (FAX)
Department of Employment and Economic Development (DEED)
Office of Diversity and Equal Opportunity
1st National Bank Building, E200
332 Minnesota Street
Saint Paul, MN 55101-1351

Persons are not required to provide personal private data. Completing this form is voluntary; however, answers to the starred questions and fields must be provided in order for DEED’s ODEO to accept your discrimination complaint. ODEO will use the information to process, and where appropriate to investigate, your complaint. The estimated average time to complete this form is 60 minutes.

If you need assistance in filling out this document or you need this document in an alternative format, please contact us at 651-259-7094.

Office of Diversity and Equal Opportunity

HOW WE USE PERSONAL INFORMATION

The Minnesota Government Data Practices Act governs personal information that is given to state agencies. This Notice describes how this law applies to information connected with your complaint. Please read the Notice, sign the Consent Form on the next page, and give the Consent Form with your Complaint Form.

The purpose of requesting completion of this complaint form is to collect information regarding allegations of employee misconduct concerning an employee of the State of Minnesota. The data you provide will be used by this investigator and others within DEED whose job assignments reasonably require access to the data to determine whether misconduct occurred and the extent, if any, of appropriate disciplinary action. It may also be used in subsequent hearings or proceedings related to this matter. The following individuals/entities have a legal right to access this data:

- Your exclusive representative;
- Labor Relations Division of the Minnesota Management and Budget Department;
- Minnesota Attorney General's Office;
- Minnesota Legislative Auditor's Office;
- Arbitrator chosen to hear the case, if discipline occurs and is appealed to arbitration;
- State and federal courts;
- State and federal enforcement agencies, including but not limited to the Federal Equal Employment Opportunity Commission, Minnesota Department of Human Rights, and the U.S. Department of Labor;
- Appropriate licensing entities and agencies;
- Unemployment Division of the Department of Employment and Economic Development;
- Law enforcement agencies and prosecutorial authorities;
- Persons/entities named pursuant to court order;
- Persons/entities whom you authorize to receive the data; and
- Any other person or entity authorized by state or federal law.

In addition, if any disciplinary action is taken and becomes final, the nature of the final disposition of the disciplinary action, together with the specific reasons for the action and data documenting the basis of the action, excluding data that would identify employees who are confidential sources, will become public data.

If the subject of the investigation is a "public official" as defined in Minnesota Statutes § 13.43, Subd. 2.(e), (e.g., division head or higher levels of authority), upon completion of the investigation, or if the public official resigns or is terminated from employment while the complaint or charge is pending, all data relating to the complaint or charge are public unless access to the data would jeopardize an active investigation or reveal confidential sources.

Voluntary Statement. You are not legally required to provide any information, and no adverse employment action will be taken against you based on your decision not to cooperate. However, your failure to provide the information requested will necessitate that a decision be made without the benefit of hearing the information that you could provide. If you do provide information, it is our expectation that any information you provide will be truthful.

PLEASE READ THE CONSENT FORM ON THE NEXT PAGE, SIGN EITHER SECTION A OR SECTION B, AND SUBMIT THE SIGNED FORM WITH YOUR SIGNED, COMPLETED COMPLAINT FORM.

CONSENT FORM

I have read the Minnesota Department of Employment and Economic Development’s notice entitled “How We Use Personal Information.” I understand that the following conditions apply to personal information I disclose to DEED in connection with my complaint.

DEED may need to disclose my identity to staff of the agency, organization, or business I named in my complaint, in order to gather evidence or verify facts related to the complaint, or to complete enforcement proceedings against the agency, organization, or businesses;

I do not have to reveal any personal information to DEED, but DEED may close my case if it cannot get the information it needs to process or fully investigate my complaint;

Under certain conditions, DEED may be required by the Minnesota Government Data Practices Act or other laws to disclose my personal information to others.

SECTION A

YES, DEED MAY DISCLOSE MY IDENTITY IF NECESSARY TO FULLY INVESTIGATE MY COMPLAINT. I have read and understand the notice “How We Use Personal Information,” and I give consent for DEED to disclose my identity to the respondent, if necessary to fully investigate my complaint.

Signature of Complainant

Date

SECTION B

NO, DEED MAY NOT DISCLOSE MY IDENTITY TO THE RESPONDENT, EVEN IF NECESSARY TO FULLY INVESTIGATE MY COMPLAINT. I have read and understand the notice “How We Use Personal Information,” and I understand that DEED may close my case if it cannot get the information it needs to fully investigate my complaint without disclosing my identity to the respondent. Nonetheless, I do not give consent for DEED to disclose my identity to the respondent during the investigation of my complaint.

Signature of Complainant

Date

651-259-7094

Attention. If you need free help interpreting this document, call the above number.

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حظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လၢ် တိလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲမိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂປຣເມຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibil

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.



For accessible formats of this publication and additional equal access to services, write to DEED.ODEO@state.mn.us, call 651-259-7094, or use your preferred relay service. (ADA1 [9-15])