DISCRIMINATION COMPLAINT FORM Workforce Santa Cruz County - America's Job Center of California

This form should be used by anyone who wishes to file a discrimination complaint against any person(s)/entity that discriminates against you in the workforce development community system. To file a discrimination complaint, complete this form, sign on page 4 and return to the Equal Employment Opportunity Officer or to the Workforce Investment Board Director.

1. Complainant information:							
Name:	Address: Zip Co	Wo	ne Phone: (ork Phone: (Cell : (-mail:) -) -) -			
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	Thursda	y Friday		
Time							
Phone							
3. Contac	ct information for	the person(s) who	vou claim discrir	minated against v	ou:		
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:							

Page 1 of 4 6/10

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 compl Name	Address	Phone				
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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:						
	 ☐ Citizenship or status as alien US Worker ☐ Disability ☐ Political Affiliation ☐ Religion ☐ Sexual Harassment 					
☐ Race - <i>indicate race:</i> ☐ of Hispanic or Latino origin ☐	Act of 1998 Other (Specify): not of Hispanic or Latino origin					

Page 2 of 4 6/10

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?
b. On what date did you file the complaint?
c. Name of office where you filed your complaint:
Address: City: State ZIP Code
City: StateZIP Code
Contact person (if known):
d. Have you been provided a final decision or report?
If you marked "YES", please attach a copy of the complaint.
8. What corrective action or remedy do you seek? Please explain:
That controlled action of remotify the year controlled actions and the second of the s
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, on atterney or company also
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?
If YES, complete the section below. If NO, go to Section 10.
in 120, complete the coolen scient. In 140, go to coolen 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: ()

Page 3 of 4 6/10

10. Alternate Dispute Resolution (ADR) also known as mediation.
Notice: You <u>must</u> 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!
 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.

Date:

Signature:

Page 4 of 4 6/10