



DISCRIMINATION COMPLAINT INFORMATION

<p>1. Complainant Information: Print your Name and Address: _____ _____ _____ _____</p> <p>Your Telephone Number(s) including area codes: Home _____ Work: _____ Social Security #: _____ (Disclosure of Social Security Number is voluntary)</p> <p>2. Respondent Information: Provide Name and Address of Agency involved: _____ _____ _____</p>	<p>7. To the best of your knowledge, which of the following DWS Programs were involved? (Check one). <input type="checkbox"/> Child Care <input type="checkbox"/> Employment Exchange <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Welfare to Work <input type="checkbox"/> Medical <input type="checkbox"/> Workforce Investment Act (WIA) <input type="checkbox"/> Other _____</p>
<p>3. What is the most convenient time and place for us to contact you about this complaint? _____ _____</p>	<p>8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against. Check <u>all</u> that apply: <input type="checkbox"/> Race: Specify _____ <input type="checkbox"/> Color: Specify _____ <input type="checkbox"/> Religion: Specify _____ <input type="checkbox"/> National Origin: Specify _____</p>
<p>4. To your best recollection on what date(s) did the discrimination take place? _____ _____</p> <p style="text-align: center;">Date of first occurrence Date of most recent occurrence</p>	<p><input type="checkbox"/> Sex ___ Male ___ Female <input type="checkbox"/> Age: Date of Birth _____ <input type="checkbox"/> Disability <input type="checkbox"/> Political Affiliation: Specify _____ _____ <input type="checkbox"/> Citizenship: Specify _____ <input type="checkbox"/> Reprisal/Retaliation <input type="checkbox"/> Other: Specify _____</p>
<p>5. Have you ever attempted to resolve this complaint at the Federal Level? (Civil Rights Center, Washington DC, Department of Health and Human Services, U.S. Department of Agriculture?)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been provided with a final decision at the Federal level regarding your complaint?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9. Do you think the discrimination against you involved: (Check <u>one</u>) <input type="checkbox"/> Your job or seeking employment? Or <input type="checkbox"/> Your using facilities or someone providing/not providing you with services or benefits?</p> <p>If so, which of the following are involved? <input type="checkbox"/> Discharge/Termination <input type="checkbox"/> Hiring <input type="checkbox"/> Promotion <input type="checkbox"/> Application <input type="checkbox"/> Training <input type="checkbox"/> Enrollment <input type="checkbox"/> Transfer <input type="checkbox"/> Referral <input type="checkbox"/> Qualification/Testing <input type="checkbox"/> Exclusion <input type="checkbox"/> Grievance Procedure <input type="checkbox"/> Placement <input type="checkbox"/> Layoff/Furlough <input type="checkbox"/> Benefits <input type="checkbox"/> Recall <input type="checkbox"/> Transition <input type="checkbox"/> Seniority <input type="checkbox"/> Performance <input type="checkbox"/> Intimidation/Reprisal <input type="checkbox"/> Appraisal <input type="checkbox"/> Harassment <input type="checkbox"/> Discipline <input type="checkbox"/> Access/Accommodation <input type="checkbox"/> Wages <input type="checkbox"/> Union Activity <input type="checkbox"/> Other _____ <input type="checkbox"/> Union Representation _____</p>
<p>6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case. _____ _____ _____ _____ _____ _____ _____</p>	<div style="border: 1px solid black; padding: 5px;"> <p>For DWS Office Use ONLY</p> <p>DCIF Received <input type="checkbox"/> Accepted By: _____ <input type="checkbox"/> Not Accepted Date: _____ Case #: _____</p> </div>

<p>10. Why do you believe these events occurred?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>14. Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Name. Address and Telephone Number:</p> <p>_____</p> <p>_____</p> <p>_____</p>																		
<p>11. What other information do you think is relevant to our investigation?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>15. Have you filed a case or complaint with any of the following?</p> <p><input type="checkbox"/> Civil Rights Division, U.S. Dept. of Justice</p> <p><input type="checkbox"/> U.S. Equal Employment Opportunity Commission</p> <p><input type="checkbox"/> Federal or State Court</p> <p><input type="checkbox"/> Your State or local Human Relations/Rights Commission</p>																		
<p>12. If this complaint is resolved to your satisfaction, what remedies do you seek?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>16. For each item checked in #15 above, please provide the following information:</p> <p>Agency: _____</p> <p>Date Filed: _____</p> <p>Case or Docket Number: _____</p> <p>Date of Trial or Hearing: _____</p> <p>Location of Agency or Court: _____</p> <p>Name of Investigator: _____</p>																		
<p>13. Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Address</th> <th style="text-align: left;">Phone #</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Address	Phone #	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Status of Case: _____</p> <p>Comments: _____</p> <p>Agency: _____</p> <p>Date Filed: _____</p> <p>Case or Docket Number: _____</p> <p>Date of Trial or Hearing: _____</p>
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<p>SIGNATURE _____ DATE _____</p> <p>(Complaint NOT valid unless signed):</p> <p>Please Note: Filing a discrimination complaint with the Department of Workforce Services does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Utah Labor Commission at (801) 530-6801 or 1-800-222-1238. A complaint must be filed with the Utah Labor Commission within 180 days from the date of the alleged violation.</p>	<p>Location of Agency or Court: _____</p> <p>Name of Investigator: _____</p> <p>Status of Case: _____</p> <p>Comments: _____</p>																		

State of Utah Department of Workforce Services Notice About Investigatory Uses of Personal Information

Two Federal Laws govern personal information submitted to Federal agencies, including the Civil Rights Center (CRC) and agencies receiving Federal funding, such as the Department of Workforce Services (DWS; the Privacy Act of 1974 (5 U.S.C. 552), and the Freedom of Information Act (5 U.S.C. 552), or "FOIA." Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign, date, and return the consent agreement attached to this notice, along with your complaint form.

The Privacy Act protects individuals from misuse of personal information held by the Federal Government and its agents as noted above. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification systems. Anyone who submits information to the Department of Workforce Services (DWS) in connection with a discrimination complaint should know the following:

- * DWS has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap, and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. DWS is also authorized to conduct reviews of its Federally funded programs to assess their compliance with civil rights laws.
- * Information that DWS collects is analyzed by authorized personnel within DWS. This information may include personnel or program participant records, and other personal information. DWS staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help DWS to determine whether the law has been violated. Such information could include, for example, the physical condition or age of the complainant. DWS may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- * Information submitted to DWS may also be revealed to personnel outside of DWS because it is necessary in order to complete enforcement proceedings against a person(s) or organization that DWS finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status, or physical condition of the complainant.
- * Any personal information you provide may be used only for the specific purpose for which it was requested. DWS requests personal information only for the purpose of carrying out authorized activities to enforce and determine compliance with civil rights laws and regulations. DWS will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- * No law requires that a complainant reveal personal information to DWS and no action will be taken against a person who denies DWS request for personal information. However, if DWS cannot obtain the information needed to fully investigate the allegations in the complaint, DWS may close the case.
- * Any person may ask for, and receive copies of all personal materials, DWS' EO Officer keeps in his or her file for investigatory use.

AS A POLICY, DWS DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS, UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PERSON(S) OR ORGANIZATION WHO HAS VIOLATED THE LAW.

The Freedom of Information Act (FOIA) gives the public maximum access to Federal Government files and records. Persons may request and receive information from many types of records kept by the Government - not just materials that apply to them personally. DWS must honor most requests for information submitted under FOIA, but there are exceptions:

- * DWS is generally not required to release information during an investigation or an enforcement proceeding if that release would limit DWS' ability to do its job effectively; and
- * DWS can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO DWS WITH YOUR SIGNED, COMPLETED COMPLAINT FORM.

Consent Form

I have read the Notice About Investigatory Uses of Personal Information, attached to the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Department of Workforce Services (DWS), in connection with my complaint:

In the course of investigating my complaint, DWS may have to reveal my identity to staff of the program, named in my complaint in order to obtain facts and evidence regarding my complaint;

I may request and receive a copy of any personal information DWS keeps in my complaint file for investigatory uses, and;

Under certain conditions, DWS may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

Employment Related Complaints

Your signature, under "Section A" below also authorizes DWS to provide a copy of this complaint to the Utah Labor Commission Anti-discrimination and Labor Division. You may be contacted by the Utah Labor Commission to inform you of your rights, and the process to file a complaint. **Please refer to the inside cover of this form regarding filing a separate employment discrimination complaint with the Utah Labor Commission.**

SECTION A

Yes, DWS may disclose my identity if necessary to investigate my complaint. I have read and understand the notice and I consent for DWS to process my complaint.

Name (please print)

Signature

Date

SECTION B

No, DWS may not disclose my identity, even if necessary to process my complaint. I have read and understand the notice, and I do not consent for DWS to disclose my identity during investigation of my complaint. I request that DWS process my complaint, however, I understand that DWS may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWS may close my complaint if it cannot begin an investigation because I have not consented for DWS to reveal my identity.

Name (please print)

Signature

Date