

Washington Discrimination Complaint Information Form

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 WorkSource Washington in processing your discrimination 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? 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	Phone number(s)
*Street Address	*City
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
E-mail Address	Best time to contact you.

For the rest of the questions on this form, if you are filing this discrimination 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 discrimination complaint is about something that happened to (Please check the appropriate box):

<input type="checkbox"/> Only me	<input type="checkbox"/> Me and other people	<input type="checkbox"/> Other people, but not me
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3A. I am a: Customer Staff Job applicant
4. Please give the name of the WorkSource Center, service provider or organization that you are complaining about. If you have any contact information for the service provider or organization, please give that information as well.

*Name of Office or Organization	Telephone Number(s)		
Street or Mailing Address	E-mail Address		
City	State	Zip Code	Telephone Number(s)

5. What program was involved in the discrimination you are complaining about? If you do not know the name of the program, and your discrimination complaint does not involve a WorkSource Center or a service provider, please check “Do not know.”

<input type="checkbox"/> Workforce Investment Act Program	<input type="checkbox"/> Migrant and Seasonal Farm Workers Program
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- Unemployment Insurance Benefit Program
- Other (what program?)
- Employment Service or Job Service
- Do not know
- Trade Assistance Act Program

6. What person(s) at the WorkSource Center, service provider or organization 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 _____	Phone Number _____
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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 discrimination 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.)

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

Because of my Sex/Gender

Because of Transgender Status

Because of my Gender Identity

Because of Sex Stereotyping

Because of my Pregnancy and related medical conditions

Because of childbirth and related medical conditions

Because of my Religion

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

Because of my Color

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 record of a disability.

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

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 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 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 discrimination complaint before now. (Continued on next page).

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

11. What remedies are you asking for?

12. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), the Washington State Human Rights Commission (HRC), or the U.S. Department of Labor Civil Rights Center (CRC), about the same events or actions you describe on this form? If yes, please answer these questions as best you can about each organization where you filed a written complaint.

Where did you file your complaint?

When did you file your complaint?

Name and contact information for the person working on your complaint, if known:

Has the place where you filed your first written complaint given you a final decision about the complaint?

If yes, what was the date of the final decision?

Was the decision in writing? Include copies of written decisions, dismissals, or Right-to-Sue Letters, or other written responses to your complaint that you have received.

13. Please sign and date this form in the appropriate space below.

Signature of Complainant

Date

Signature of Complainant's Representative

Date

Please mail or email your complaint to:

Local Equal Opportunity Officer
Alissa Durkin, OWDC WIOA Program Manager
614 Division Street, MS-23
Port Orchard, WA 98366
adurkin@co.kitsap.wa.us
360-337-5777, Washington Relay Service 711

OR

State-Level Equal Opportunity Officer
Teresa Eckstein
Employment Security Department
PO Box 9046
Olympia, WA 98507-9046
teckstein@esd.wa.gov
360-507-9890, Washington Relay Service 711

OR

The Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210

OR, electronically as directed on the CRC website at www.dol.gov/crc

If you file your complaint with both the CRC and the Local Equal Opportunity Officer or State-Level Equal Opportunity Officer, the Equal Opportunity Officers have 90 calendar days to process the discrimination complaint and CRC will not investigate the complaint until the 90 calendar-day period has expired.