



# WORKSOURCE PORTLAND METRO

# Workforce Innovation & Opportunity Act Complaint Form

<p>1. Complainant Information: Write your name and address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Social Security Number: _____ - _____ - _____ (disclosure of Social Security Number is voluntary)</p>	<p>Your telephone number(s)</p> <p>Home: _____</p> <p style="margin-left: 40px;">Area Code      Number</p> <p>Work: _____</p> <p style="margin-left: 40px;">Area Code      Number</p>	<p>A. To the best of your knowledge, which of the following programs were involved?</p> <p>_____ Workforce Innovation &amp; Opportunity Act:</p> <p><input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Dislocated Worker</p>	
<p>2. Respondent Information: Provide name and address of agency involved</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Telephone number:</p> <p>_____</p> <p style="margin-left: 40px;">Area Code      Number</p>	<p>_____ Employment Service</p> <p>_____ Unemployment Insurance</p> <p>_____ Veterans' Services</p>	
<p>3. What is the most convenient time and place for us to contact you about this complaint?</p> <p>_____</p>		<p>_____ Temporary Assistance to Needy Families (welfare)</p>	
<p>4. To your best of your recollection on what date(s) did the discrimination take place?</p> <p>_____</p> <p style="margin-left: 40px;">Date of occurrence      Date of most recent occurrence</p>		<p>_____ Food Stamps</p>	
<p>5. Have you ever attempted to resolve this complaint? ___ No      ___ Yes; if so, at what level? _____</p> <p>a. Have you been provided with a final decision at the local level regarding your complaint? ___ No      ___ Yes</p> <p>b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level? ___ No      ___ Yes</p>		<p>Date of final decision (if any): _____</p> <p>Date you filed or attempted to file your complaint at the local level: _____</p>	<p>_____ Senior Services (Older Americans Act)</p> <p>_____ Vocational Rehabilitation</p> <p>_____ Other: Please specify: _____</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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>B. Basis of Complaint: Please describe on what basis you believe you were discriminated against:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p style="background-color: #cccccc;">For Agency use Only</p> <p>Date of Complaint _____ Accepted _____ Not Accepted      Case Number _____</p> <p>Processed By _____</p>		<p>C. Do you think the discrimination against you involved (check one):</p> <p>_____ Your job or seeking employment?</p> <p>_____ Your using facilities or someone providing/not providing you with services or benefits?</p>	

<p>7. Why do you believe these events occurred?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>C. (continued) Which of the following are involved in the discrimination:</p> <p><input type="checkbox"/> Hiring  <input type="checkbox"/> Transition  <input type="checkbox"/> Wages  <input type="checkbox"/> Job classification  <input type="checkbox"/> Discharge/termination  <input type="checkbox"/> Promotion  <input type="checkbox"/> Training  <input type="checkbox"/> Transfer  <input type="checkbox"/> Qualification/testing  <input type="checkbox"/> Grievance Procedure  <input type="checkbox"/> Layoff/furlough  <input type="checkbox"/> Recall (from layoff/furlough)  <input type="checkbox"/> Seniority  <input type="checkbox"/> Intimidation/reprisal  <input type="checkbox"/> Harassment  <input type="checkbox"/> Access/accommodation  <input type="checkbox"/> Union activity  <input type="checkbox"/> Union representation  <input type="checkbox"/> Application  <input type="checkbox"/> Enrollment  <input type="checkbox"/> Referral  <input type="checkbox"/> Exclusion  <input type="checkbox"/> Placement  <input type="checkbox"/> Benefits  <input type="checkbox"/> Performance Appraisal  <input type="checkbox"/> Discipline/Reprimand  <input type="checkbox"/> Other:  Specify _____</p>																																				
<p>8. What other information do you think is relevant to our investigation?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																																					
<p>9. If this complaint is resolved to your satisfaction, what remedies do you seek?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																																					
<p>10. 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="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 40%;">Address</th> <th style="width: 30%;">Telephone Number</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> <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> <tr> <td colspan="2">Signed (Complaint NOT VALID unless signed)</td> <td>Date</td> </tr> </tbody> </table>	Name	Address	Telephone Number																															Signed (Complaint NOT VALID unless signed)		Date	<p>D. Do you have an attorney?  Yes ___ No ___</p> <p>If yes, please provide the name and contact information.</p> <hr/> <hr/> <p>E. Have you filed a similar case or complaint with any of the following:</p> <p><input type="checkbox"/> Civil Rights Division, U.S. Dept. of Justice  <input type="checkbox"/> U.S. Equal Employment Opportunity Commission  <input type="checkbox"/> State or Federal Court  <input type="checkbox"/> Civil Rights or Human Rights Commission</p>
Name	Address	Telephone Number																																			
Signed (Complaint NOT VALID unless signed)		Date																																			

## NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information to Federal agencies, including the Civil Rights Center (CRC): 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 and return the consent agreement printed on the back of this notice, along with your complaint form.

The PRIVACY ACT protects individuals from misuse of personal information held by the State or Federal government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to the Worksystems, Inc. or the CRC in connection with a discrimination complaint should know the following:

Worksystems, Inc. (including contracted Service Providers) or CRC 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 State of Oregon. Worksystems, Inc. or CRC is also authorized to conduct reviews of federally funded programs to assess their compliance with civil rights law.

Information that Worksystems, Inc. (including contracted Service Providers) or CRC collects is analyzed by authorized personnel within Worksystems, Inc. (including contracted Service Providers) or CRC. This information may include personnel or program participant records, and other personal information. Worksystems, Inc. (including contracted Service Providers) or CRC staff may want 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 Worksystems, Inc. or CRC determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. CRC 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 Worksystems, Inc. (including contracted Service Providers) or CRC may also be revealed to persons outside of Worksystems, Inc. (including contracted Service Providers) or CRC because it is necessary in order to complete enforcement proceedings against a program that Worksystems, Inc. (including contracted Service Providers) or CRC 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. Worksystems, Inc. (including contracted Service Providers) or CRC requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. Worksystems, Inc. (including contracted Service Providers) or CRC 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 Worksystems, Inc. (including contracted Service Providers) or CRC, and no action will be taken against a person who denies Worksystems, Inc. (including contracted Service Providers) or CRC's request for personal information. However, if Worksystems, Inc. (including contracted Service Providers) or CRC cannot obtain the information needed to fully investigate the allegations in the complaint, Worksystems, Inc. (including contracted Service Providers) or CRC may close the case.

Any person may ask for, and receive, copies of all personal materials Worksystems, Inc. (including contracted Service Providers) or CRC keeps in his or her file for investigatory use.

AS POLICY, WORKSYSTEMS, INC. (INCLUDING CONTRACTED SERVICE PROVIDERS) OR CRC DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. Worksystems, Inc. (including contracted Service Providers) or CRC never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave Worksystems, Inc. (including contracted Service Providers) or CRC written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request, and receive, information from many types of records kept to the Government—not just materials that apply to them personally. The Civil Rights Center must honor most requests for information submitted under FOIA, but there are exceptions.

Worksystems, Inc. (including contracted Service Providers) or CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit Worksystems, Inc. (including contracted Service Providers) or CRC's ability to do its job effectively; and

Worksystems, Inc. (including contracted Service Providers) or CRC 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 WORKSYSTEMS, INC. (OR CONTRACTED SERVICE PROVIDER) OR CRC WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM, IF YOU HAVE NOT ALREADY DONE SO

## Consent Form

I have read the Notice about investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom Act, which apply to personal information I reveal to the Worksystems, Inc. (including contracted Service Providers) or Civil Rights Center (CRC) in connection with my complaint:

- In the course of investigating my complaint, Worksystems, Inc. (including contracted Service Providers) or CRC 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 do not have to reveal any personal information to Worksystems, Inc. (including contracted Service Providers) or CRC, but Worksystems, Inc. (including contracted Service Providers) or CRC may close my complaint if I refuse to reveal information needed to fully investigate my complaint;
- I may request and receive a copy of any personal information Worksystems, Inc. (including contracted Service Providers) or CRC keeps in my complaint file for investigatory uses; and
- Under certain conditions, CRC may be required by the Freedom Information Act to reveal to others personal information I have provided in connection with my complaint.

---

### SECTION A

YES, WORKSYSTEMS, INC. (INCLUDING CONTRACTED SERVICE PROVIDERS) OR CRC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for Worksystems, Inc. (including contracted Service Providers) or CRC to process my complaint.

---

(Signature)

---

(Date)

---

### SECTION B

NO, WORKSYSTEMS, INC. (INCLUDING CONTRACTED SERVICE PROVIDERS) OR CRC MAY NOT DISCLOSE MY IDENTITY, EVEN IT NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for Worksystems, Inc. (including contracted Service Providers) or CRC to disclose my identity during investigation of my complaint. I request that Worksystems, Inc. (including contracted Service Providers) or CRC process my complaint; however, I understand that Worksystems, Inc. (including contracted Service Providers) or CRC may cancel my complaint if it cannot fully investigate with disclosing my identity. I also understand that Worksystems, Inc. (including contracted Service Providers) or CRC may close my complaint if it cannot begin an investigation because I have not consented for Worksystems, Inc. (including contracted Service Providers) or CRC to reveal my identity.

---

(Signature)

---

(Date)