



FORMAL NONDISCRIMINATION NOTIFICATION AND COMPLAINT FORM

The Workforce Innovation and Opportunity Act and Riverside County Policy WDD Policy 14-01 requires a policy and procedure to record and resolve Nondiscrimination and Equal Opportunity complaints and disputes, and this document is available on demand. **In the event a person intends to file a Nondiscrimination or Equal Opportunity violation claim, the attached form must be completed and submitted** with either:

**The Riverside County WDD Equal Opportunity Officer or
the Director of the Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, N.W., Room N-4123
Washington, D.C. 20210**

Each complainant and respondent has the right to be represented by an attorney or other individual of his/her own choice. This right does not require that Riverside County WDD shall appoint such attorneys or representatives. In the event assistance is needed to complete this form, or additional information is needed concerning the Nondiscrimination and Equal Opportunity policy and procedure, please contact:

**Adriana Escobedo
Equal Opportunity Officer
1325 Spruce Street, Suite 110
Riverside, CA 92507
Telephone: 951.955.0464
FAX: 951.955.3310
TDD/TTY: 951.955.3744
Email: AEscobedo@rivco.org**

A complaint of this type **must be filed within 180 days** of the claimed discrimination. This document may also be filed by a representative acting on your behalf. Please complete every item on attached form. In the event more space is needed to explain or describe the problem, please attach additional pages as necessary.

**DISCRIMINATION COMPLAINT FORM
WORKFORCE DEVELOPMENT COMMUNITY**

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 One-Stop Career Center (America's Job Center of CaliforniaSM) Equal Opportunity Officer, or Employment Development Department field office complaint representative, at the appropriate address shown on page 1.

1. Complainant information:

☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other Home Phone: () -
Work Phone: () -
Name: _____ Cell : () -
Street Address: _____
City: _____ E-mail: _____
State: _____ Zip Code: _____

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	Thursday	Friday
Time					
Phone					

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:

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 complaint.

Name	Address	Phone

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:

- | | |
|--|--|
| <input type="checkbox"/> Age- <i>provide date of birth:</i> | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin (including limited English) | <input type="checkbox"/> Political Affiliation or belief |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender - <i>Specify</i> <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Race - <i>indicate race:</i> | <input type="checkbox"/> Sex (including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status) |
| <input type="checkbox"/> Other (<i>Specify</i>): | <input type="checkbox"/> Status as a program participant under the <i>Workforce Innovation Opportunity Act</i> (WIOA) |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	On what date did you file the complaint?
c.	Name of office where you filed your complaint:
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone number: () -	
Contact person (if known): _____	
d.	Have you been provided a final decision or report? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked "YES", please attach a copy of the complaint.	

8. What corrective action or remedy do you seek? Please explain:

9. Choosing a personal representative:	
<ul style="list-style-type: none"> ▪ You may choose to have someone else represent you in dealing with this complaint. It may be a 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , complete the section below. If NO , go to Section 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: _____	
<input type="checkbox"/> I am an attorney representing the complainant. <input type="checkbox"/> I am not an attorney representing the complainant.	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone : () -	Fax: () -
E-mail: () -	

10. Alternate Dispute Resolution (ADR) also known as mediation.

Notice: You must indicate if you wish to mediate your case. The Local EO Officer 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 other electronically delivered complaints will be logged into our system; however, an official investigation cannot begin until the original, signed copy is received.
- By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge or belief.

Signature:

Date: