

Stanislaus County Workforce Development (SCWD) Policy

Date: October 22, 2020

Policy Number: WD.002.20-21

Subject: SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Policy and Procedure

PURPOSE:

This policy establishes a standardized procedure for any individual (including any beneficiary, applicant, employee, applicant for employment, or participant/client in, programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA) to formally file complaints for alleged incidents or practices of discrimination. WIOA Title I services or programs include Stanislaus County Workforce Development (SCWD), contracted service provider programs or other SCWD partners. The procedure outlines the entire complaint process, including how to appeal decisions that are unfavorable to the complainant.

BACKGROUND:

This policy is written in compliance with Workforce Innovation and Opportunity Act (WIOA) directives which specify that each client must be made aware of their right to file a discrimination complaint, and that a record of such advice must be maintained in each client's file. Stanislaus County Workforce Development (SCWD) staff members and the staff of contracted service providers will be familiar with the policy, and will be helpful to any individual who wishes to use it to file a discrimination complaint. SCWD Case Managers and the Case Managers of contracted service providers will have all program clients' sign and date the document, and will file it in the client's file immediately upon their enrollment.

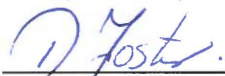
POLICY:

The SCWD/WIOA Nondiscrimination & Equal Opportunity Grievance/Complaint Policy and Procedure dated October 22, 2020, is the current approved procedure, which supersedes any previous versions.

References: WIOA Section 188, Federal Register 29 CFR Parts 38.25 and 38.26, and EDD Directive WSD17-01

Point of contact for this policy: Aimee Meza, SCWD Equal Opportunity Officer

Telephone: (209-558-2149) Email: MezaA@stanworkforce.com



Doris Foster, Director

Attachments:

1. SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Policy (English)
2. SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Policy (Spanish)
3. SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Procedure
4. Discrimination Complaint Form: form Version per WSD17-01 (English)
5. Discrimination Complaint Form: form Version per WSD17-01 (Spanish)

SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Policy

The recipient of Federal financial assistance must comply fully with the nondiscrimination and equal opportunity provisions of the following laws and will remain in compliance for the duration of the award of Federal financial assistance.

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity); national origin (including Limited English Proficiency); age; disability; political affiliation or belief; or against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in of treating any person with regard to such a program or activity; or making employment decision in the administration of, or in connection with, such a program or activity.

Recipients of Federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities. No qualified individual with a disability may be excluded from participation in, or denied benefits of a service, program, or activity or be subjected to discrimination by any recipient because a recipient's facilities are inaccessible or unusable by individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you believe that you have been subjected to discrimination under a WIOA Title I financially assisted program or activity, you may file a complaint in writing using the Stanislaus County Workforce Development Discrimination Complaint Form within 180 days from the date of the alleged violation with:

Aimee Meza, Equal Opportunity Officer (EEO)
Stanislaus County Workforce Development (SCWD)
P.O. Box 3389
Modesto, CA 95353-3389;
Email: MezaA@stanworkforce.com
Telephone: 209-558-2149
TTY for Hearing/Speech Impaired 1-800-735-2922

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 Web site at
www.dol.gov/crc

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (CRC).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Client acknowledgement:

I have read, or had this procedure explained to me. I understand that I can contact Stanislaus County Workforce Development Equal Opportunity Officer (EEO) for assistance if necessary. I am aware of my right to seek legal help from an attorney, lawyer or other persons at my own expense. I understand that neither I nor anyone who helped or assisted me can be threatened or suffer retaliation because I filed a Civil Rights complaint.

Client Name (Print)

Date:

Client Signature

Date:

Parent/Guardian Signature (17 years old or younger)

Date:

SCWD/WIOA Política sobre Quejas de Igualdad de Oportunidades y no Discriminación

El recipiente de la asistencia financiera federal debe cumplir plenamente con las disposiciones de no discriminación e igualdad de oportunidades de las siguientes leyes y se mantendrá en cumplimiento durante la concesión de la asistencia financiera federal.

IGUALDAD DE OPORTUNIDADES ES LA LEY

Es contra la ley para este recipiente de asistencia financiera federal discriminar en las siguientes bases: Contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto o las condiciones médicas relacionadas, y los estereotipos sexuales, el estado transgénero y la identidad de género), origen nacional (incluyendo la capacidad limitada de inglés), edad, discapacidad, afiliación o creencia política; o Contra cualquier beneficiario de, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Innovación y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título de WIOA.

El recipiente debe no discriminar en: decidiendo quien será admitido a participar, o tendrá acceso a cualquier programa o actividad que recibe apoyo financiero bajo el Título I de WIOA; proporcionando oportunidades en, o tratar cualquier persona con respecto a un programa o actividad o; tomar decisiones de empleo en la administración de, o en conexión a un programa o actividad.

Los recipientes de asistencia financiera federal deben tomar medidas razonables para asegurar que las comunicaciones con personas con discapacidades sean tan efectivas como las comunicaciones con otros. Esto significa que, bajo petición y sin costo para el individuo, los recipientes están obligados a proporcionar ayudas y servicios auxiliares apropiados a personas con discapacidades calificadas. Ninguna persona calificada con una discapacidad puede ser excluida de participar o denegado los beneficios de un servicio, programa, o actividad o ser sometido a discriminación por cualquier recipiente porque las estructuras de un recipiente son inaccesibles o inutilizables por los individuos con discapacidades.

QUÉ HACER SI USTED CREE QUE HA SIDO DISCRIMINADO

Si usted cree que ha sido discriminado en un programa o actividad que recibe asistencia financiera bajo el Título I de WIOA, puede presentar una queja por escrito al Desarrollo de la Fuerza Laboral del Condado de Stanislaus (SCWD, por sus siglas en inglés) Formulario de Queja de Discriminación no más de 180 días de la fecha en que ocurrió la presunta violación con:

Aimee Meza, Equal Opportunity Officer (EEO)

Stanislaus County Workforce Development

P.O. Box 3389

Modesto, CA 95353-3389;

Correo Electrónico: MezaA@stanworkforce.com

Teléfono: 209-558-2149

Para audiencia con impedimentos de audición/habla 1-800-735-2922

O

The Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N—4123
Washington, DC 20210, o electrónicamente como indica el sitio web del CRC en
www.dol.gov/crc.

Si presenta una queja directamente con el recipiente, debe esperar hasta que el recipiente emita un Aviso de Decisión Final por escrito o que pasen por los menos 90 días (lo que ocurra primero), antes de presentar una queja con el Centro De Derechos Civiles (CRC, por sus siglas en inglés).

Si el recipiente no le proporciona un Aviso de Decisión Final por escrito dentro de los 90 días después de la fecha en que presento su queja, usted puede presentar su queja con el CRC antes de que reciba el Aviso de Decisión Final. Sin embargo, es necesario presentar su queja con el CRC dentro de 30 días después de los 90 días iniciales (en otras palabras, dentro de 120 días después de la fecha en que presento la queja con el recipiente).

Si el recipiente le proporciona un Aviso de Decisión Final por escrito, pero no está satisfecho con el resultado o resolución, puede presentar una queja con el CRC. Debe presentar su queja con el CRC dentro de 30 días después de que reciba el Aviso de Decisión Final por escrito.

Reconocimiento de Cliente:

He leído, o me han explicado este procedimiento. Entiendo que puedo contactar al Oficial de Igualdad de Oportunidades (EEO) del Desarrollo de la Fuerza Laboral del Condado de Stanislaus para asistencia si es necesario. Soy consciente de mi derecho a solicitar ayuda legal de un abogado, abogado u otras personas a mi propio costo. Entiendo que ni yo ni nadie que me ayudó o me asistió puede ser amenazado o sufrir represalias porque presenté una queja de Derechos Civiles.

Nombre del Cliente (Impresión)

Fecha:

Firma de Cliente

Fecha

Firma de los Padres/Guardián Legal (17 años o menor)

Fecha:

SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Procedure

Clients are first notified of their right to file a complaint when applying for a WIOA program by reading and signing the SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Policy. This document is currently available in English, and Spanish. The original signed SCWD/WIOA Nondiscrimination & Equal Opportunity Complaint Policy is placed in the client folder immediately upon their enrollment and a copy is given to the client. Clients also have access to posters in the lobby area that explain how to contact the local Equal Opportunity (EO) Officer or the Civil Rights Center (CRC) if they feel they are being discriminated against. Clients may also give notice to any staff member of the desire to file a complaint and the staff member will forward the request to the EO Officer immediately.

For all staff members and service providers:

- If a staff member or service provider receives notice from a complainant stating they have a complaint or wish to file a complaint, the complainant will be immediately referred to the EO Officer. Currently, the EO Officer is:

Aimee Meza, Equal Opportunity Officer (EEO)
Stanislaus County Workforce Development (SCWD)
P.O. Box 3389
Modesto, CA 95353-3389;
Email: MezaA@stanworkforce.com
Telephone: 209-558-2149
TTY for Hearing/Speech Impaired 1-800-735-2922

For the Equal Opportunity (EO) Officer:

1. The EO Officer or designee will first notify the complainant via phone, mail, or in person of the following:

- The complainant has a right to file a written complaint or have a representative file a complaint on his or her behalf.
- The complaint must be filed within 180 days from the alleged discrimination.
- The complaint must be filed in writing by completing the Discrimination Complaint Form.
- The complaint may either be filed with the EO Officer or directly with the Civil Rights Center.
- The complainant and the respondent have the right to be represented by an attorney or other individual of their choice.
- The complainant has the right to alternative dispute resolution (ADR) as opposed to filing a complaint.

2. If the complainant and respondent choose Alternative Dispute Resolution as opposed to filing a complaint with the EO Officer or the CRC, the EO Officer or designee will:

- Contact the complainant, the respondent, and an independent mediator to set-up a mutually agreeable meeting date and time to discuss and resolve their differences.

- Notify the complainant that if the differences cannot be resolved under ADR, the complainant may file a claim directly with the CRC.
- Notify the complainant and respondent that in the event of a breached agreement, the non-breaching party may file a complaint with the CRC within 30 days of the date on which the party learns of the breach. If the CRC determines the agreement has been breached, the complainant may file a complaint then, based on the original allegations.

3. If the complainant chooses to file a complaint with the EO Officer, the EO Officer or designee will:

- Set-up an appointment to meet with the complainant.
- At the meeting, have the complainant (or representative) fill out and sign the Complaint Information form in its entirety (see EO Officer for a copy of the form).
- Log the complaint in the Complaint Log Book.
- Issue a written statement to the complainant that acknowledges the receipt of the complaint, notification of the complainant's right to representation, and the acceptance or rejection (with reasons listed) to investigate each issue in the complaint, and mail it to the complainant, the respondent, the Equal Employment Opportunity Office, and Stanislaus County Workforce Development within 72 hours.

EEO Office Employment Development Department
800 Capitol Mall, MIC 49
P. O. Box 826880 Sacramento, CA 94280-0001
 Or, email to EEOMAIL@edd.ca.gov

- Investigate the circumstance underlying the complaint.
- Retain the right, along with the complainant and respondent, to request conciliation at any time.
- Issue within 90 days of the complaint, a Notice of Final Action, which will describe the findings of the investigation and remedies, if any, as well as notification that if the complainant is dissatisfied with the findings, they have the right to file a claim with the CRC with 30 days.
- During the resolution process, ensure that all parties involved are given due process including: notice to all parties of the specific charges, responses to allegations, right of representation, right to present evidence, right to question others who present evidence, and decisions made strictly on the evidence on the record.
- Upon determination that the Local Area does not have jurisdiction, the EO Officer will notify the complainant immediately. The notice will include the reason for the determination, and the right of the complainant to file a complaint directly with the Civil Rights Center within 30 days of receipt of the notice.

4. If the complainant chooses to file a complaint directly with the Civil Rights Center, the EO Officer or designee will:

- Give the complainant the Complaint Information Form and explain that they must fill it out completely and sign it, or have someone fill it out on their behalf.
- Explain they have 180 days from the time of the alleged discrimination to file.

- Give the complainant the address in which to file their complaint with the CRC
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue N.W., Room N-4123
Washington, D.C. 20210, or electronically via www.dol.gov/crc
- Log the complaint in the Complaint Log Book

RESOLUTION OF COMPLAINT:

1. If a complainant and the respondent choose ADR and come to an agreement, the resolution must:

- Be in writing
- Address each cited violation
- Specify the corrective or remedial action to be taken within a stated period in which to comply
- Provide for periodic reporting on the status of the corrective and remedial action.
- Provide that the violation(s) will not recur; and
- Provide for enforcement to avoid breach of the agreement
- Be signed by all parties involved

2. If a complainant filed their complaint directly with the EO Officer:

- The EO Officer or designee will issue a Final Notice of Action within 90 days on the initial complaint. The Final Notice of Action will contain for each issue raised in the complaint, a statement of either the decision on the issue and an explanation of the decision, or a description of the way the parties resolved the issue, and notice that the complainant may file a complaint within 30 days of the Notice of Final Action if he or she is dissatisfied with the action on the complaint.

3. If a complainant filed their complaint directly with the CRC:

- The CRC will notify the complainant and LWIA directly of the actions that will be taken.

Assurances:

Where the WIOA Title I financial assistance is intended to provide, or is in the form of, either personal property, real property, structures on real property, or interest in any such property or structures, the assurance will obligate the recipient or transferee, for the longer of:

1. The period in which the property is used for either the purpose of WIOA Title I assistance is extended or for another purpose involving the provision of similar services or benefits.
2. The period during which either the recipient retains ownership or possession of the property or the transferee retains ownership or possession of the property without compensating the Departmental grant making agency for the fair market value of that ownership or possession.

In all other cases, the assurance will obligate the recipient for the period during which WIOA Title I financial assistance is extended. Recipients of Federal financial assistance must comply with

the nondiscrimination and equal opportunities of WIOA (29 CFR part 38) and all other regulations implementing the laws listed above. This assurance applies to all operations of the WIOA Title I financially assisted programs or activities, and to all agreements the recipient makes to carry out the WIOA Title I financially assisted program or activity. The recipient understands that the United States government has the right to seek judicial enforcement of this assurance.

**STANISLAUS COUNTY WORKFORCE DEVELOPMENT
 DISCRIMINATION COMPLAINT FORM
 LOCAL WORKFORCE DEVELOPMENT AREA**

This form should be used by anyone in the workforce development community system who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, complete this form, sign on page 4 and return to the One-Stop Career Center (currently branded as America's Job Center of CaliforniaSM at 629 12th Street, Modesto, CA 95354) Equal Opportunity Officer or Employment Development Department Field Office complaint representative.

1. Complainant Information

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

2. Complainant Contact Information

When is it a convenient time during business hours (8 a.m. to 5 p.m.) 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>Date of birth:</i> _____ <input type="checkbox"/> Color <input type="checkbox"/> National origin (Including limited English proficiency) <input type="checkbox"/> Retaliation <input type="checkbox"/> Race - <i>Indicate race:</i> _____ <input type="checkbox"/> Sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity/expression)	<input type="checkbox"/> Citizenship or status as alien U.S. worker <input type="checkbox"/> Disability <input type="checkbox"/> Political affiliation or belief <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Status as a program client under the Workforce Innovation Opportunity Act <input type="checkbox"/> Other (Specify): _____
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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? Yes 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? Yes No

If you marked "YES", please attach a copy of the complaint.

8. What Corrective Action or Remedy Do You Seek? Please Explain.

Blank space for explaining corrective action or remedy.

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, 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? Yes 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:

I am an attorney representing the complainant. I am not an attorney representing the complainant.

Mailing Address:

City: _____ State: _____ Zip Code: _____

Phone: () - Fax: () -

Email:

10. Alternate Dispute Resolution (ADR) Also Known as Mediation

Notice—You must indicate if you wish to mediate your case. The Local Area Workforce Development Area 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 Signature

Your signature on this form will initiate the processing of this complaint. 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 of belief.

Signature:

Date:

**DEPARTAMENTO DE DESARROLLO DE LA FUERZA LABORAL
DEL CONDADO DE STANISLAUS (STANISLAUS COUNTY WORKFORCE DEVELOPMENT)
FORMULARIO DE QUEJA DE DISCRIMINACIÓN
ÁREA DE DESARROLLO DE LA FUERZA LABORAL LOCAL**

Por favor, use este formulario para presentar una queja por discriminación contra cualquier persona/entidad del Departamento de Desarrollo de Empleo (EDD, por sus siglas en inglés). Para presentar una queja de discriminación, complete este formulario, fírmelo en la página 4 y regrese a un representante del Centro de Trabajo de California SM, 629 12th Street, Modesto, CA 95354, Empleo del Condado Oficial o a un representante de la oficina del Departamento de Desarrollo del Empleo.

1. Información del Denunciante:

Srta. Sra. Sr. Otro.

Teléfono de Casa: () -

Teléfono del Trabajo: () -

Nombre: _____ Teléfono Celular: () -

Dirección de Domicilio: _____

Ciudad: _____ Email: _____

Estado: _____ Código Postal: _____

2. Información de Contacto del Denunciante:

¿Cuándo es un momento conveniente durante horas de oficina (8 a.m. a 5 p.m.) para ponerse en contacto con usted por teléfono con respecto a esta queja?

Día	Lunes	Martes	Miércoles	Jueves	Viernes
Hora					
Número de Teléfono					

3. Información de contacto para la(s) persona(s) que usted alega que le discriminó:

Proporcione el nombre de la entidad en donde esa(s) persona(s) trabaja(n):

Nombre de la(s) persona(s) que le discriminó:

Dirección de la(s) persona(s)/entidad:

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: () -

Fecha del primer incidente:

Fecha del incidente más reciente:

4. Cuéntenos lo referente al/a los incidente(s):

- Explique brevemente qué pasó y cómo se le discriminó.
- Proporcione la(s) fecha(s) cuando ocurrió/ocurrieron el/los incidente(s).
- Indique quién le discriminó. Incluya los nombres y cargos, si es posible.
- Si a otras personas se les trató de manera distinta que a usted, cuéntenos cómo se les trató de manera distinta.
- Adjunte cualquier documento que usted piense que podrían ayudarnos a entender mejor su queja.

5. Por favor, indique a continuación a cualquier persona(s) (testigos) con quienes podríamos comunicarnos para obtener información adicional para sustentar o aclarar la queja.

Nombre	Dirección	Teléfono

6. Fundamento para la discriminación:

- Marque el tipo de discriminación que sufrió, como por la edad, raza, color, origen nacional, discapacidad, etc.
- Si usted cree que más de un fundamento estaba implicado, puede marcar más de una casilla:

<input type="checkbox"/> Edad - Fecha de nacimiento: _____	<input type="checkbox"/> Ciudadanía o situación como trabajador extranjero en los Estados Unidos
<input type="checkbox"/> Color	<input type="checkbox"/> Discapacidad
<input type="checkbox"/> Origen nacional (incluyendo el dominio limitado de inglés)	<input type="checkbox"/> Afiliación política
<input type="checkbox"/> Represalia	<input type="checkbox"/> Religión
<input type="checkbox"/> Raza - Indique la raza: _____	<input type="checkbox"/> Acoso Sexual
<input type="checkbox"/> Preferencia Sexual (incluyendo embarazo, parto, o condiciones medica relacionado con el embarazo o parto, la identidad de genero, y el estado de transgenero)	<input type="checkbox"/> Orientación Sexual
	<input type="checkbox"/> Estado como participante de Workforce Innovation Opportunity Act (WIOA)
	<input type="checkbox"/> Otro (Especifique) _____

7. ¿Ha presentado usted previamente una queja en contra de esta(s) persona(s)/entidad? <input type="checkbox"/> Sí <input type="checkbox"/> No		
Si la respuesta es Sí conteste las re tas a continuación, si la respuesta es NO , pase a la sección 8.		
a.	¿Se hizo su queja por escrito?	<input type="checkbox"/> Sí <input type="checkbox"/> No
b.	¿En qué fecha presentó usted la queja?	
c.	Nombre de la oficina en donde usted presentó su queja:	
Dirección:		
Ciudad:	Estado:	Código Postal:
Número de Teléfono: ()	-	Persona de contacto (si se sabe):
d.	¿Se le ha proporcionado una decisión o repoorte final?	<input type="checkbox"/> Sí <input type="checkbox"/> No
Si usted marcó "Sí", por favor adjunte una copia de la queja		

8. ¿Qué medida correctiva o remedio procura usted? Por favor, explique:

9. Elección de un re representante personal:	
<ul style="list-style-type: none"> Usted podría elegir tener a alguien más para que le represente con el manejo de esta queja. Éste podría ser un pariente, amigo, representante de unión/sindicato laboral, abogado o alguien más. Si elige nombrar a alguien para que le represente a usted, toda nuestra correspondencia con usted se enviará por medio de su representante. 	
¿Quiere usted autorizar a un representante personal para que maneje esta queja? Si la respuesta es Sí , complete la sección a continuación. Si la respuesta es NO , pase a la sección 10.	<input type="checkbox"/> Sí <input type="checkbox"/> No

AUTORIZACIÓN DEL REPRESENTANTE PERSONAL

Deseo autorizar a la persona identificada a continuación para que actúe en mi nombre, como mi representante personal, en asuntos como la mediación, conferencias de resolución o investigaciones con respecto a esta queja.	
Nombre:	
<input type="checkbox"/> Soy un abogado que representa al denunciante. <input type="checkbox"/> No soy un abogado que representa al denunciante.	
Dirección Postal:	
Ciudad:	Estado: Código Postal:
Teléfono: : ()	- Fax: () -
Correo Electrónico:	

10. Solución de Disputa Alternativa (ADR, por sus siglas en inglés) conocida también como mediación.

Aviso: Usted tiene que indicar si desea mediar su caso. La Oficina de Igualdad de Oportunidades de Empleo (EEO por sus siglas en inglés) no puede comenzar a tramitar su queja hasta que usted haya hecho una selección. Por favor, marque **SÍ** o **NO** en las casillas a continuación.

- La mediación es una alternativa a hacer que su queja se investigue.
- Ninguna de las partes pierde nada al mediar.
- Las partes de la queja revisan los hechos, hablan sobre sus opiniones acerca de los hechos y se esfuerzan por llegar a un acuerdo que sea satisfactorio para ambas partes.
 - El acuerdo para mediar no es una omisión de culpa por la(s) persona(s)/entidad que usted alega que le discriminó.
 - La mediación la lleva a cabo un mediador imparcial, autorizado y capacitado.
 - Usted (o su Representante Personal) tiene el control para negociar un acuerdo satisfactorio.
 - **Los términos del acuerdo los firman el denunciante y la(s) persona(s)/entidad que usted alega que le discriminó.**
 - **El acuerdo es jurídicamente vinculante para ambas partes.**
 - Si no se llega a un acuerdo, se iniciará una investigación formal.
 - El no cumplir con un acuerdo resultará en una investigación
 - Se abrirá una investigación formal si se reportan represalias.
- **¿Desea usted mediar su queja?**
 (Por favor, marque únicamente una casilla)

Sí, deseo mediar. **NO**, por favor investigue.

Si selecciona "Sí", usted sera contactado dentro de cinco dias habiles con más información.

11. Firma del Denunciante:

iUsted tiene que firmar este formulario para que su queja se tramite!

Las quejas que se envíen por fax o se envíen de otra forma electrónicamente se registrarán en nuestro sistema; sin embargo, no se puede iniciar una investigación oficial, hasta que se reciba la copia original, firmada.

Firma:

Fecha: