WORKFORCE WEST VIRGINIA
COMPLAINT INFORMATION FORM (CIF)

Section 188 of the Workforce Innovation and Opportunity Act, and the implementing regulations at 29 CFR Part 38, prohibits discrimination because of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I financially-assisted program or activity. If you feel that you have been discriminated against on any of these bases, please read this form carefully and answer each question as completely as possible.

PLEASE TYPE OR PRINT EACH ANSWER. IF ADDITIONAL SPACE IS NEEDED (for any reason), ADDITIONAL SHEETS MAY BE ATTACHED TO THIS DOCUMENT.

1. **Are you the complainant or the complainant's representative? Please check the correct box.**
   ☐ Complainant ☐ Representative

2. **Please give all contact information below. If you are the complainant's representative, enter contact information for the complainant and yourself. Please note, all other questions should be answered as if the complainant themselves were answering.**

Complainant's Name

Street Address

City State Zip Code

Telephone Number E-mail Address

Representative's Name

Street Address

City State Zip Code

Telephone Number E-mail Address

3. **This complaint refers to something that happened to (Check the appropriate box)**
   ☐ Only myself ☐ Myself and others ☐ Others, but not myself

4. **Please give the information below regarding the person, agency, business, or organization who perpetrated the alleged act of discrimination.**

Name of Agency, Organization, or Business _____ Telephone Number _____

Street or Mailing Address _____

Name of Individual(s) who committed the alleged acts of discrimination _____

Job Title _____ E-mail or Phone _____

5. **What Title I Program (or related program) was involved in the alleged discriminatory acts?**

☐ WIOA
☐ Unemployment Insurance
☐ Employment or Job Services
☐ TAA Programs
☐ American Job Center
☐ SCSEP
☐ Indian/Native American Programs
☐ Migrant Seasonal Farmer Workers
☐ Vocational Rehabilitation
☐ Other
☐ Don't Know

6. **What do you believe was the basis (reason) for the alleged discrimination? (Please check all that apply and answer any follow-up questions associated with that box)**

☐ **National Origin**

Are you Hispanic or Latino? ☐ Yes ☐ No
What is your National Origin? _____

Because of Limited English Proficiency ☐ Yes ☐ No

What is your native or preferred language? _____

☐ **Race**

What is your race? (choose all that apply)

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

☐ **Color**

What is your color? _____

☐ **Sex**

What is your sex? _____

☐ **Pregnancy Status**

☐ **Sexual Orientation**

What is your sexual orientation? _____

☐ **Gender Identity**

What is your gender identity? _____

☐ **Age**

What is your date of birth? _____

☐ **Disability**

☐ I have a disability (active or inactive).
What is your disability? _____

☐ I have a record of disability.
What was your past disability? _____

☐ I do not have a disability, or did not disclose a disability, but the organization or program treats me as if I have a disability.

☐ **Citizenship**

What is your status? _____

☐ **Religion**

What is your religion? _____

☐ **Political Affiliation or Beliefs**

☐ **Participation in a Title I Program that receives Federal Financial Assistance**

☐ **I was Retaliated Against due to a discrimination complaint or participation in the investigatory process of someone else's complaint.**

7. **For each of the bases selected above, please explain what transpired, how you (or others) were harmed by what happened (impact), and how or why you think what happened was due to the basis.** *If you do not explain why you selected a basis, we may reject that part of your complaint.*

   If other persons or groups were treated differently than you (or others are facing the discriminatory acts), please describe who was treated differently, how the treatment was different, and what impact this treatment had on you or others. Please be specific and brief and give the names and contact information for any persons involved, if possible.

8. **On what date(s) did the alleged discrimination take place?**

   Date of first occurrence? _____
   Date of most recent occurrence? _____

9. **Please list below any persons (witnesses, co-workers, supervisors, or others that were not already named) whom we should contact for information regarding your complaint.** *Attach additional pages if needed.*

Person's Name	Relationship to case (Witness, etc.)
Telephone Number	Alternate Number or E-mail
Person's Name	Relationship to case (Witness, etc.)
Telephone Number	Alternate Number or E-mail

10. **What remedies are you seeking?**

11. **Where and when did you file your first written complaint, if this is not the first.**

Name of Specific Agency and Office (e.g., DOL – Civil Rights Center)

Street or Mailing Address

City	State	Zip Code

Name of Contact	Telephone or E-mail Address

Date Complaint Filed	Docket or Case Number	Complaint Status

12. **Was there a final written decision regarding your complaint from this agency?**

☐ Yes ☐ No

If "Yes", when was the decision rendered?

_____

Please sign and date this form in the space provided below. It is also required that you read and sign the Consent Form attached to the "State of West Virginia Notice About Investigatory Uses of Personal Information" notice. WorkForce WV can not process your complaint unless both of these forms are completed, signed, and submitted in a timely manner.

_____ _____

Signature of Complainant or Representative **Date**

Please Note: If you elect to file your complaint with WorkForce WV, you must wait until the agency issues a decision, or until 90 days have passed, whichever transpires first, before filing with the U.S. Department of Labor, Civil Rights Center. If WorkForce WV has not provided a written decision after this time, you need not wait for a decision and can file with the Civil Rights Center anytime within 30 days after the 90-day period expires. You may also file with the CRC if you are dissatisfied with the resolution of your complaint. Such complaints must also be filed within 30 days of the date you received notice of resolution.

WorkForce West Virginia is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities.