

Discrimination Complaint Procedures
Attachment A

Discrimination Complaint Form and Consent

Green Country Workforce Development Board is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities. TDD/TTY: 1-800-722-0353 Green Country Workforce Development Boards Workforce Innovation and Opportunity Act Title I program funding statement can be found at: <https://www.greencountryworks.org/eo-funding-page/>

WIOA EQUAL OPPORTUNITY AND NONDISCRIMINATION COMPLAINT FORM, CONSENT, AND NOTICE OF INVESTIGATORY USES

This form should be used by anyone who wishes to file a discrimination complaint against any person(s)/entity while involved in Oklahoma WIOA funded programs. To file a discrimination complaint, complete this form, sign on page 4, and return to the Local Equal Opportunity Officer as follows:

Tamara Peacheay
Equal Opportunity Officer
822 S. Muskogee Ave.
Tahlequah, OK 74464
918.316.6519
TDD:
800.722.0353

1. Complainant Information

Miss Ms. Mrs. Mr. Other

Home Phone: ()

Work Phone: ()

Cell Phone: ()

Name: - _____

Address: _____

City, State, Zip: _____

2. Complainant contact information

When is it a convenient time during business hours (8am – 5pm) to contact you by phone about this complaint?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Phone					

3. Contact information for the person(s) this complaint is against:

Provide the name of the entity where the person(s) work(s): _____

Name(s) of person(s):

Address of person(s)/entity:	City, State, Zip:
Telephone Number:	Date of first occurrence: Date of most recent occurrence:

4. Tell us about the incident(s)

- Explain briefly what happened:
- Provide the date(s) when the incident(s) occurred.
- Indicate who this program discrimination complaint is against. 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 can contact for additional information to support or clarify the complaint.

Name	Address	Phone

6. If this complaint involves discrimination, please check the type of discrimination you experienced, such as age, race, color, religion, sexual orientation, national origin, physical or mental disability, etc. If you believe more than one basis was involved, you may check more than one box.

<input type="checkbox"/> Age-provide date of birth <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Political Belief <input type="checkbox"/> Retaliation <input type="checkbox"/> Gender – <i>Specify</i> <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Race – <i>indicate race</i> <input type="checkbox"/> Of Hispanic or Latino Origin <input type="checkbox"/> Not of Hispanic or Latino Origin	<input type="checkbox"/> Citizenship or status as an alien U.S. worker <input type="checkbox"/> Disability <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Status as a program participant under the Workforce Innovation and Opportunity Act (WIOA) <input type="checkbox"/> Other (<i>specify</i>)
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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:

Phone:

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 decision or report.

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

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, 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: _____

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 Equal Opportunity Officer cannot begin to process your complaint until you have made a selection. Please check “YES” or “NO” in the space 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 sides.
 - 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?** **YES**, I want to mediate. **NO**, please investigate.

If you select “YES”, you will be contacted within five (5) business days with more information.

11. Complainant Signature:

You must sign this form for your complaint to be processed.

- **Faxed or otherwise electronically delivered complaints will be logged into our system; however, an official investigation cannot begin until the original, signed copy is received by our office.**

By signing below, I attest that all of the information contained in this complaint is true to the best of my knowledge. I request that the necessary action be taken to resolve this matter, and I release my personal records so that this matter may be thoroughly investigated. This release is only to the extent necessary to reasonably and fully investigate this matter and is not a general release of all my personal records.

Signature:

Date:

COMPLAINANT CONSENT/IDENTITY RELEASE FORM

(Printed name of Complainant)

Please read the information below, check the appropriate box, and sign this form. I have read the Notice of Investigatory Uses of Personal Information. As a complainant, I understand that in the course of an investigation it may become necessary for the investigator to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the investigator to honor requests under the Oklahoma Open Records Act, 51 §24A.1 *et seq.* I understand that it may be necessary for the investigator to disclose information, including personally identifying details, which is gathered as a part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by federal civil rights statutes and regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by applicable nondiscrimination laws.

CONSENT GRANTED –

I have read and understand the above information and authorize the investigator to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the investigator to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and do so voluntarily.

Signature of Complainant

Date: _____

CONSENT DENIED –

I have read and understand the above information and do not want the investigator to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

Signature of Complainant

Date: _____

**NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION:
NOTICE OF COMPLAINANT/INTERVIEWEE RIGHTS AND PRIVILEGES**

Complainants and individuals who cooperate in an investigation, proceeding or hearing conducted by this investigator are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

A recipient may not force its employees to be represented by the recipient's counsel nor may it intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. A complainant does, however, have the right to representation by the individual of complainant's choice during an interview with the investigator.

The laws and regulations which govern this investigator's compliance and enforcement authority provide that no recipient or other person shall intimidate, threaten, coerce or discriminate against any individual because he/she has made a complaint, testified, assisted or participated in any manner in an investigation, proceeding, or hearing conducted under my jurisdiction, or has asserted rights protected by applicable federal civil rights laws.

Information obtained from the complainant or other individual, which is maintained in the investigative file, may be exempt from disclosure under the State of Oklahoma Open Records Act, 51 §24A.1 *et seq.* if release of such information would constitute an unwarranted invasion of personal privacy.

Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. No law requires a complainant to give personal information to the investigator, and no sanctions will be imposed on complainants or other individuals who deny the investigator's request. However, if the investigator fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

The investigator does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against a recipient that violates the laws, or unless such information is required to be disclosed under the Oklahoma Open Records Act, 51 §24A.1 *et seq.* The investigator will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under Oklahoma Open Records Act, 51 §24A.1 *et seq.*, or otherwise required by law.

The investigator generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the investigator to do his or her job. Also, the investigator may refuse a request for records compiled

for law enforcement purposes if their release could be an "unwarranted invasion of privacy" of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a "clearly unwarranted invasion of privacy." The investigator will seek to invoke the exemptions at Oklahoma Open Records Act, 51 §24A.1 *et seq.*, to the extent possible.

BABEL NOTICE (29 C.F.R. § 38.9(g)(3)):

This document contains vital information. If English is not your preferred language, contact Tamara Peachey, EO Officer at 918.316.6519, TDD 800.722.0353 to obtain translation and/or interpretation services for the content of this document.