



PROCESS: Equal Opportunity (EO) Complaint

Process starts: PA CareerLink® Berks County Participant desires to make an EO Complaint.
Desired result(s): EO Complaint Form is completed and submitted to EO Liaison/Officer.
Participants(s): Participant, PA CareerLink® Berks County staff, Berks County Workforce Development Board (WDB) staff.

Step 1: Participant notifies PA CareerLink® Berks County or WDB staff that they wish to make a written EO Complaint.

Step 2: Staff will direct participant to the program manager. If the program manager is not available staff will direct participant to PA CareerLink® Berks County Site Administrator or Manager on Duty if PA CareerLink® Berks County Administrator is not available.
Manager will provide participant a WIOA/SESA Equal Opportunity Complaint Form (English or Spanish as appropriate). Participant may complete form at that time or take home to complete and return at a later.

Step 3: Form will be forwarded to the EO Liaison/Officer as appropriate. EO Liaison will forward to EO Officer.

Step 4: Upon notification of a discrimination complaint, the EO Officer must inform the complainant of their right to file a complaint and have it investigated at the local, state or federal level. All complaints filed with the LWDA Equal Opportunity Officer must be immediately reported to the EO Officer in the Department of Labor & Industry.

If the complainant elects to attempt resolution at the local level, the LWDA EO Officer, based on consultation with the State OEO, will conduct fact-finding/investigation at the local level in consonance with procedures outlined in the WIOA.

The LWDA Equal Opportunity Officer shall meet with the complainant or his/her authorized representative within ten (10) business days from the date of receipt of the written allegations, to conduct a fact finding or investigation of the circumstances underlying the allegations and attempt to informally resolve the issue(s). The LWDA EO Officer's findings will be submitted in writing to the complainant not later than ten (10) business days following the fact-finding/investigation. The written notification shall include notice of the complainant's right to request a formal investigation by the EO Officer at the state level if a satisfactory resolution is not accomplished at the local level.

WIOA/SESA EQUAL OPPORTUNITY COMPLAINT FORM

Fo, Office use On,ly

Case Number: _____

1. Complainant Information:

State your name and address:

Telephone Number(s)

Home () _____
Area Code Number

Work () _____, . . . , - , - - - -
Area Code Number

Telephone Number(s)

Home () _____
Area Code Number

Work () _____
Area Code Number

2. Respondent Information:

State name and address of party involved:

3. When and where may we contact you about this complaint? _____

4. On what date(s) did the occurrence (s) take place? _____
Date of First Occurrence Date of Most Recent Occurrence

5. Have you ever attempted to resolve this complaint at the local level? Yes No

- a. Date you filed or attempted to file your complaint at the local level. _____
- b. Have 30 days elapsed since you filed or attempted to file your complaint at the local level? Yes No
- c. Have you been provided with a final decision at the local level regarding your complaint? Yes No
- d. Date of final decision. _____

6. Explain as briefly and clearly as possible what happened and how you allege you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Any written material pertaining to your case should also be attached:

7. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check/Specify)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Race: _____ | <input checked="" type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input checked="" type="checkbox"/> Citizenship: _____ |
| <input checked="" type="checkbox"/> Color: _____ | <input checked="" type="checkbox"/> Age: Birth date _____ | <input checked="" type="checkbox"/> Reprisal |
| <input checked="" type="checkbox"/> Religion: _____ | <input checked="" type="checkbox"/> Disability: _____ | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> National Origin _____ | <input checked="" type="checkbox"/> Political Affiliation _____ | |

8. Do you think the discrimination against you involved you're: (Check one)

- Job or search for employment? OR Using facilities or someone providing/not providing you with services or benefits?
- If so, which of the following are involved?
- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Hiring | <input type="checkbox"/> Transfer | <input checked="" type="checkbox"/> Intimidation/Reprisal | <input checked="" type="checkbox"/> Exclusion |
| <input checked="" type="checkbox"/> Wages | <input checked="" type="checkbox"/> Qualifications/Testing | <input checked="" type="checkbox"/> Harassment | <input checked="" type="checkbox"/> Placement |
| <input checked="" type="checkbox"/> Job Classification | <input checked="" type="checkbox"/> Grievance Procedure | <input type="checkbox"/> Accessibility/Accommodation | <input checked="" type="checkbox"/> Benefits |
| <input checked="" type="checkbox"/> Discharge/Termination | <input checked="" type="checkbox"/> Layoff/Furlough | <input checked="" type="checkbox"/> Application | <input checked="" type="checkbox"/> Performance Appraisal |
| <input type="checkbox"/> Promotion | <input checked="" type="checkbox"/> Recall (From layoff/Furlough) | <input checked="" type="checkbox"/> Enrollment | <input type="checkbox"/> Discipline/Reprimand |
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Seniority | <input checked="" type="checkbox"/> Referral | <input checked="" type="checkbox"/> Other |

9. Do you have an attorney? Yes No If yes, please provide name, address and telephone number:

10. Why do you believe these events occurred?

11. What other information do you think is relevant to this investigation?

12. What remedies do you seek if this complaint is resolved to your satisfaction?

13. Please list below any persons (witnesses, fellow employees, applicants, claimants, participants, supervisor or others) that may be contacted for additional information to support or clarify your complaint:

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Please indicate if you have filed a complaint with any of the following:

<input type="checkbox"/> Your local or State Human Relations Commission	<input type="checkbox"/> USDOL Civil Rights Center
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission (EEOC)	<input type="checkbox"/> Union Representative
	<input type="checkbox"/> Civil Service Commission

15. For each box checked in Number 14 above, please provide the following information:

Agency: _____ Date Filed: _____
 Complaint Number: _____ Date of Hearing: _____
 Location of Agency: _____
 Name of Investigator: _____ Status of Complaint: _____
 Comments: _____

Agency: _____ Date Filed: _____
 Complaint Number: _____ Date of Hearing: _____
 Location of Agency: _____
 Name of Investigator: _____ Status of Complaint: _____
 Comments: _____

SIGNATURE (Complaint **NOT VALID** unless signed) _____ Date: _____

FOR OFFICE USE ONLY

CF Received By _____ Date _____ Accepted _____ Not Accepted _____

INVESTIGATORY USE OF PERSONAL INFORMATION

Information collected by the Office of Equal Opportunity (OEO) is analyzed by authorized personnel within the Office of Equal Opportunity. This information may include personnel or program records as well as other personal information. At times, the Office of Equal Opportunity may need to reveal some of the personal information to individuals outside the office in order to verify facts related to a complaint. Such information could include the name, physical condition or age of a complainant.

Any personal information you provide may be used only for the specific purpose for which it was requested. The OEO requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. The OEO will not release personal information to any person or organization unless the person who submitted the information gives written consent.

If the Office of Equal Opportunity cannot obtain information needed to fully investigate the allegations in a complaint, it may close the case.

I certify that I have read the foregoing statement and fully understand that, in signing this document, I am waiving the protection and safeguards afforded to me by federal and state requirements.

The Office of Equal Opportunity may disclose my identity, even if necessary to investigate my complaint. I consent for the Office of Equal Opportunity to process my complaint.

Signature

Date

The Office of Equal Opportunity may not disclose my identity, even if necessary to process my complaint. I request that the Office of Equal Opportunity process my complaint. However, I understand that the Office of Equal Opportunity may close my complaint if it cannot fully investigate without the disclosure of my identity.

Signature

Date



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF EQUAL OPPORTUNITY

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/ Program*

8. Usted cree que la discriminación en su contra envolvió su: (Escoja una)

Dí, Trabajo o búsqueda de empleo? **6** / Utilizando las facilidades o alguien proveyendole o no proveyendole a usted con servicios o beneficios? Si es así, ¿cuales de estos **están** envueltos?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Contrato | <input type="checkbox"/> Transferencia | <input type="checkbox"/> Intimidación/represalia | <input type="checkbox"/> Exclusion |
| <input type="checkbox"/> Salario | <input type="checkbox"/> Calificación/examinación | <input type="checkbox"/> Acoso | <input type="checkbox"/> Colocación |
| <input type="checkbox"/> Clasificación de Trabajo. | <input type="checkbox"/> Procedimiento conciliatorio | <input type="checkbox"/> Accesibilidad/Acomodación | <input type="checkbox"/> Beneficios |
| <input type="checkbox"/> Descargo/terminación | <input type="checkbox"/> Suspense temporal de trabajo / permiso | <input type="checkbox"/> Aplicación | <input type="checkbox"/> Evaluación de Rendimiento |
| <input type="checkbox"/> Promoción | <input type="checkbox"/> Retiro del suspenso temporal de trabajo/permiso | <input type="checkbox"/> Registración | <input type="checkbox"/> Disciplina/reprimenda |
| <input type="checkbox"/> Entrenamiento | <input type="checkbox"/> jerarquia | <input type="checkbox"/> Referencia | <input type="checkbox"/> Otro: _____ |

9. ¿Tiene usted un abogado? Si No Si es Si, por favor escriba su nombre, dirección, y número de teléfono:

10. ¿Por que usted cree que este evento ocurrió?

11. ¿Que-Otra información usted cree que es relevante para esta investigación?

12. ¿Que soluciones usted busca si este reclamo es resuelto a su satisfacción?

