





30-19 Attachment A

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 in the WIOA Title I Youth Program or the America's Job Center of CA (AJCC) system. To file a discrimination complaint, complete <u>and sign</u> this form, and return to the County of San Luis Obispo, Department of Social Services Equal Opportunity Officer or the US Department of Labor.

County of San Luis Obispo, Department of Social Services Workforce Development Board

P.O. Box 8119

San Luis Obispo, CA 93403-8119

Attn: Michelle Enfantino, EO Compliance Officer

Telephone Number: (805) 781-1837

TDD/CRS 711 or 1-800-735-2922 (English) or 1-800-855-3000 (Spanish)

Email Address: menfantino@co.slo.ca.us

- or -

U.S. Department of Labor Civil Rights Center (CRC)

200 Constitution Avenue N.W.,

Room N-4123

Washington, D.C. 20210

1. Complainant information:							
Name:	s ☐ Ms. ☐ Mrs. ☐ Address:	_	me Phone: (ork Phone: (Cell: ()	- - -		
City: _			nail:				
State:	Zip Cod	de:					
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	Wednesda	у	Thursday	Friday	
Time							
Phone							

3. 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. 						
4. Please list below any person(s) (witnesses) that we may contact for additional information to support or clarify the complaint.						
Name	Address	Phone				
5. Basis for the discrimination: Please indicate the basis on which you believe you were discriminated against. If you believe more than one basis was involved, you may check more than one box: Age- provide date of birth: Color Disability National Origin Political Affiliation Political Belief Retaliation Sexual Harassment Gender - Specify F M Status as a program participant under the Workforce Innovation Race - indicate race: Other (Specify):						
6. Have you previously filed a complaint against this person(s)/entity?☐ Yes ☐ No						
If YES , answer the questions below, if NO move to section 7.						
 a. Was your complaint in writing? 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						

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7. What corrective action or remedy do you seek? Please explain:					
Triving confective action of remoty to you cook? I loude explain.					
 8.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?					
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: () -					
E-mail: () -					

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9. Alternate Dispute Resolution (ADR) also known as mediation.			
Notice: You <u>must</u> indicate if you wish to mediate your case. The EEO Office 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.			
10. Complainant's 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.

Signature:	Date:

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