WIOA EQUAL OPPORTUNITY AND
NONDISCRIMINATION COMPLAINT FORM

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:

Carol Estes, Equal Opportunity Officer
1727 W. Alabama Avenue, Trout Hall, Room 218
Chickasha, OK 73018
405-315-0328
Telephone Relay Service is available by dialing 711 or 800-722-0353

1. Complainant Information

◯ Miss ◯ Ms. ◯ Mrs. ◯ Mr. ◯ Other Home Phone: ( )
Work Phone: ( )
Cell Phone: ( )

Name: _____

Address: _____

City, State, Zip: _____

2. Complainant's 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:

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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.

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

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.

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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.

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- 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:**

IMPORTANT! This document contains **important information** about your rights, responsibilities, and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call Lafonda Colbert (580) 357-3500** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento.

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Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al Lafonda Colbert (580) 357-3500** para pedir asistencia en traducir y entender la información en este documento.

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