STANISLAUS COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT DISCRIMINATION COMPLAINT FORM LOCAL WORKFORCE DEVELOPMENT AREA

This form should be used by anyone in the workforce development community system who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, complete this form, sign on page 4 and return to your local America's Job Center of California at 629 12th Street, Modesto, CA Equal Opportunity Officer or Employment Development Department Field Office complaint representative.

1. Compl	ainant Information							
			_					
Miss	Ms. Mrs. M		me Phone:	•)	-		
		W	ork Phone:	•)	-		
Name:			Cell:	()	-		
Street A	.ddress:		•1					
City:	Zip Cod		mail:					
State:	Zip Cod	<u>e:</u>						
·	inant Contact Inform	ring business hours (8	a.m. to 5 p	.m.) to	cont	act you by phor	ne about t	:his complaint?
Day	Monday	Tuesday	Wedn	esday		Thursda	y	Friday
Time	•	,		•			-	•
Phone								
					•			
3. Contact Information for the Person(s) Who You Claim Discriminated Against You								
Provide the name of the entity where person(s) work(s):								
Name of p	erson(s) who discrim	inated against you:						
Address of	f person(s)/entity:							
City:					Sta	ate:	ZIP Cod	e:
Phone:	() -							
Date of fire	st occurrence:		Date of m	ost red	cent c	occurrence:		

4. Tell Us About the Incident(s)		
 Provide the date(s) when the in Indicate who discriminated agai If other people were treated dif 	and how you were discriminated against. cident(s) occurred. nst you. Include names and titles if possible. ferently than you, tell us how they were treated dif think might help us better understand your compla	-
•	nesses) That We May Contact for Additional Inform	mation
5. Please List Below Any Person(s) (Wit to Support or Clarify the Complaint. Name	nesses) That We May Contact for Additional Inform Address	mation Phone
to Support or Clarify the Complaint.		
to Support or Clarify the Complaint.		
to Support or Clarify the Complaint.		
to Support or Clarify the Complaint.		
to Support or Clarify the Complaint.		
6. Basis for the Discrimination Check the type of discrimination years.		Phone
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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?
b. On what date did you file the complaint?
c. Name of office where you filed your complaint:
Address: 710 Code:
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.
8. What Corrective Action or Remedy Do You Seek? Please Explain.
6. What Corrective Action of Remedy Do Tou Seek: Flease 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,
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? 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 Code:
Phone: () - Fax: () -
Email:

10. Alternate Dispute Resolution (ADR) Also Known as Mediation
10. Alternate Dispute Nesolution (ADN) Also known as inequation
Notice —You <u>must</u> indicate if you wish to mediate your case. The Local Area Workforce Development Area 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.
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

Date:

investigation cannot begin until the original, signed copy is received.

Signature: