

EQUAL OPPORTUNITY

123 W. Missouri Ave., Pierre, SD 57501

Tel: 605.773.3101 Fax: 605.773.6184 dlr.sd.gov

COMPLAINT INFORMATION FORM

COMPLAINANT INFORMATION

Full Name: _____

Address: _____
STREET CITY STATE ZIP

Tel: (____) _____ - _____

When is the best time to contact you: _____

RESPONDENT INFORMATION

Name and address of agency involved: _____

Tel: (____) _____ - _____

INCIDENT INFORMATION

To your best recollection. Date of first occurrence: ____/____/____ Date of most recent occurrence: ____/____/____

1. Have you ever attempted to resolve this complaint at the local Level? No Yes
 - a. Date you filed or attempted to file your complaint at the local level: ____/____/____
 - b. Have you been provided with a final decision at the local level regarding your complaint? No Yes
Date of final decision (if any): ____/____/____
 - c. Have 90 days elapsed since you filed or attempted to file this complaint at the local level? No Yes
2. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

3. To the best of your knowledge, which of the following Department of Labor and Regulation programs were involved? (Check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Workforce Innovation and Opportunity Act (WIOA) | <input type="checkbox"/> WIN | <input type="checkbox"/> Older Americans |
| <input type="checkbox"/> Job Training (JTPA) | <input type="checkbox"/> Youth | <input type="checkbox"/> New Directions |
| <input type="checkbox"/> MSHA | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Displaced Worker |
| <input type="checkbox"/> Welfare to Work | <input type="checkbox"/> Job Corps | <input type="checkbox"/> Other: Specify: _____ |
| <input type="checkbox"/> OSHA | <input type="checkbox"/> Apprenticeship | |

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

- | | |
|---|---|
| <input type="checkbox"/> Race: Specify | <input type="checkbox"/> Disability: Specify |
| <input type="checkbox"/> Color: Specify | <input type="checkbox"/> Political Affiliation: Specify |
| <input type="checkbox"/> Religion: Specify | <input type="checkbox"/> Citizenship: Specify |
| <input type="checkbox"/> National Origin: Specify | <input type="checkbox"/> Reprisal/Retaliation: Specify |
| <input type="checkbox"/> Sex: Specify [] Male [] Female | <input type="checkbox"/> Other: Specify: _____ |
| <input type="checkbox"/> Age: Specify Date of Birth: | |

5. Do you think the discrimination against you involved: (Check one)

- Your job or seeking employment?
or
 Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- | | | |
|--|---|--|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Harassment | <input type="checkbox"/> Intimidation/Reprisal |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Access/Accommodation | <input type="checkbox"/> Discipline/Reprimand |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Union Representation | <input type="checkbox"/> Performance Appraisal |
| <input type="checkbox"/> Job Classification | <input type="checkbox"/> Union Activity | <input type="checkbox"/> Recall (From Layoff-Furlough) |
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Application | <input type="checkbox"/> Seniority |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Layoff/Furlough |
| <input type="checkbox"/> Training | <input type="checkbox"/> Referral | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Exclusion | <input type="checkbox"/> Grievance Procedure |
| <input type="checkbox"/> Qualification/Testing | <input type="checkbox"/> Placement | <input type="checkbox"/> Other: Specify: _____ |

6. Why do you believe these events occurred?

7. What other Information do you think is relevant to our investigation?

8. If this complaint is resolved to your satisfaction, what remedies do you seek?

9. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name: _____ Tel: (____) _____ - _____

Name: _____ Tel: (____) _____ - _____

Name: _____ Tel: (____) _____ - _____

10. Do you have an attorney? Yes No

If yes, please provide name, address and phone:

Name: _____ Tel: (____) _____ - _____

Address: _____
STREET CITY STATE ZIP

11. Have you filed a case or complaint with any of the following?

- Civil Rights Division, U S Dept. of Justice Your State or local Human Relations/Rights Commission
 U S Equal Employment Opportunity Commission Federal or State court

12. For each item checked in #11 above, please provide the following Information:

- Agency:
Data Filed:
Case or Docket Number
Date of Trial or Hearing:
Location of agency or court
Name of Investigator:
Status of Case:
Comments:

17. Sign (*Complaint NOT VALID unless signed*)

SIGNATURE

DATE

For DLR use only

CIF Received by EO Officer: _____ **Accepted** _____ **Not Accepted** _____ **Case Number** _____

By: _____ **Date:** _____

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information to Federal agencies, including the Civil Rights Center (CRC), the Privacy Act of 1974, (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C. 552) or "FOIA". Please read the description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, along with your complaint form.

The PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to CRC in connection with a discrimination complaint should know the following:

- DLR has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor, DLR is also authorized to conduct reviews of federal funded program to assess their compliance with civil rights laws.
- Information that DLR collects is analyzed by authorized personnel with DLR. This information may include personnel or program participant records, and other personal information. DLR staff may want to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help CRC determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. DLR may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to DLR may also be revealed to persons outside of DLR because it is necessary in order to complete enforcement proceedings against a program that DLR finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. DLR requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. DLR will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law requires that a complainant reveal personal information to DLR, and no action will be taken against a person who denies DLR's request for personal information. However, if DLR cannot obtain the information needed to fully investigate the allegations in the complaint, DLR may close the case.
- Any person may ask for, and receive, copies of all personal materials DLR keeps in his or her file for investigatory use.

AS A POLICY, DLR DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. DLR never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave DLR written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request and receive information from many types of records kept by the Federal government-not just materials that apply to them personally. The Civil Rights Center must honor most requests for information submitted under FOIA, but there are exceptions.

- CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit CRC's ability to do its job effectively; and
- CRC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO THE CIVIL RIGHTS CENTER WITH YOUR SIGNED COMPLETED COMPLAINT INFORMATION FORM.

CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the DLR in connection with my complaint:

In the course of investigating my complaint, DLR may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to DLR, but DLR may close my complaint if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information DLR keeps in my complaint file for investigatory uses; and

Under certain conditions, DLR may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

SECTION A

YES, DLR MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for DLR to disclose my identity during investigation of my complaint.

SIGNATURE

DATE

SECTION B

NO, DLR MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for DLR to disclose my identity during investigation on of my complaint. I request that DLR process my complaint, however, I understand that DLR may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand DLR may close my complaint if it cannot begin an investigation because I have not consented for DLR to reveal my identity.

SIGNATURE

DATE

Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. Completing this form is voluntary; however, the requested information must be provided in order to file a complaint of discrimination. DLR will use the information to investigate your complaint of discrimination. The estimated average response time to complete this form is 15 minutes per response. Send comments regarding this estimate or any other aspects of this collection of information to the U.S. Department of Labor, Office of the Assistant Secretary for Administration and Management, Civil Rights Center, Room N-4123, Washington, D.C. 20210. Please reference OMB control number 1225-0077.

Timeframes:

- 1) The complaint must be filed within 180 days of the alleged discrimination. Only the Director of the Civil Rights Center may extend this filing time period.
- 2) Any person who elects to file his or her complaint with the recipient shall allow the recipient 90 days to process the complaint.
- 3) The recipient shall offer a decision/Notice of Final Action within 90 days of the complaint and shall notify the complainant of his or her right to file a complaint with CRC within 30 days to process the complaint.
- 4) If, during this 90 day period, the recipient offers the complainant a decision/Notice of Final Action of the complaint, but the decision/Notice of Final Action offered is not satisfactory to the complainant, the complainant or his or her representative may file a complaint with the Director or the Civil Rights Center within 30 days after the recipient notifies the complainant of its proposed resolution.
- 5) If, by the end of 90 days, the recipient has not completed its processing of the complaint of the Notice of Final Action, the complainant or his or her representative may, within 30 days of the expiration of the 90-day period, file a complaint with the Director of the Civil Rights Center.