



Washington Discrimination Complaint Information Form

Please read the form carefully. **Type or print your answers.** Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages.

If a question or field has a star (*) next to it, you must provide that information. Providing the other information requested is optional, but will assist the WorkSource Washington in processing your discrimination complaint. If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a."

*1. Are you the complainant or a representative of the complainant? Please check the correct box. Complainant Representative

*2. Please give your name and the other information we ask you for on the lines below. If you are a representative of the complainant, give the complainant's name and contact information in this section, and your own name and contact information in section 2A.

*Complainant's Name

*Street Address

*City

*State

Zip Code

Telephone number(s) where we can reach you.

E-mail Address

Best time to contact you.

2A. If you are the complainant's representative, please give your name and contact information in this section.

Representative's Name

Representative's Organization (if any)

Street Address

City

State

Zip Code

Telephone number(s) where we can reach you. (Do not give your work number if you don't want us to call you there.)

E-mail Address

Best time to contact you.

For the rest of the questions on this form, if you are filing this discrimination complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filling out the form.

*3. This discrimination complaint is about something that happened to (Please check the appropriate box):

- Only me Me and other people Other people, but not me

3A. I am a: Customer Staff Job applicant

*4. Please give the name of the WorkSource Center, service provider or organization that you are complaining about. If you have any contact information for the service provider or organization, please give that information as well.

*Name of Office or Organization

Telephone Number(s)

Street or Mailing Address

E-mail Address

City

State

Zip Code

Telephone Number(s)

***5. What program was involved in the discrimination you are complaining about?** If you do not know the name of the program, and your discrimination complaint does not involve a WorkSource Center or a service provider, please check "Do not know."

- | | |
|---|--|
| <input type="checkbox"/> Workforce Investment Act Program | <input type="checkbox"/> Migrant and Seasonal Farm Workers Program |
| <input type="checkbox"/> Unemployment Insurance Benefit Program | <input type="checkbox"/> Other (what program?) |
| <input type="checkbox"/> Employment Service or Job Service | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Trade Assistance Act Program | |

6. What person(s) at the WorkSource Center, service provider or organization listed in response to item 4 above was engaged in the alleged discrimination? If you need more space to list all of the people, please attach more pages to this form.

Person's Name	Job Title	Telephone Number
---------------	-----------	------------------

***7. What do you think was the basis (reason) for the alleged discrimination?** Please check a box next to the basis (reason) you think was involved in the alleged discrimination, and answer any other questions that go along with that box.

If you do not check at least one box, you will slow down the processing of your discrimination complaint. You may check more than one box.

Because of my National Origin (Please answer questions below.)

Are you Hispanic or Latino? Yes No

What is your national origin (the country from which you, your parents, your grandparents, or your earlier ancestors came)?

Because of my Limited English Proficiency (What is the language in which you feel most comfortable communicating?

(For example, Spanish, Croatian, Cambodian)

Because of my Race (please answer questions below.)

What is your race? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

Because of my Sex/Gender (Specify: Male Female)

Because of my Color **Because of my Religion** **Because of my Age (what is your date of birth?)** _____

Because of my Political Affiliation or Political Belief

Because of my Disability (Please check one of the following three boxes.) I have a record of a disability.

I have a disability (which may be active or inactive presently). I do not have a disability, but the organization or program treats me as if I am disabled.

Because of my Citizenship (What is your citizenship?)

Because of my participation in a program that receives Federal financial assistance (Name the program.)

I was Retaliated Against (Retaliation) because I complained about discrimination, or because I gave a statement during an investigation, testified in a proceeding about discrimination, or was involved in some other way with a discrimination complaint.

***8 Please explain what happened, how you were (or someone else was) harmed by what happened, and how or why you think what happened was because of discrimination.** If other persons or groups were treated differently from you, please describe who was treated differently, how their treatment was different, and how the different treatment harmed you (or the other people you think were discriminated against.) Please be specific and brief. Give the name(s) of and contact information for any of the people involved.

If your answer does not fit in the space below, please use more pages of paper to finish your answer, and attach those pages to this form.

***9. On what date(s) did the alleged discrimination take place?**

9A. Date of the first
action: _____

9B. Date of most recent action: _____

9C. If the date of the most recent allegedly discriminatory action was more than 180 days ago, please explain why you did not file a discrimination complaint before now.

10. Please list below any other people (witnesses, coworkers, supervisors, or others) whom you have not already named and whom we should contact for information about your discrimination complaint. Attach additional pages if you need more space for this information.

Person's Name	Relationship to case (witness, coworker, etc.)	Best time to contact this person.
---------------	--	-----------------------------------

Telephone number(s) and/or e-mail address(es) where we can contact this person.

12. What remedies are you asking for?

***13. Please sign and date this form in the appropriate space below.**

Signature of Complainant

Date

Signature of Complainant's Representative

Date