

**WORFORCE WEST VIRGINIA
DISCRIMINATION COMPLAINT FORM**

Individuals eligible for, receiving services from or benefiting from programs funded by or through WorkForce West Virginia protected by various laws, regulations, rules and policies against unlawful discrimination on the basis of race, color, religion, disability, political affiliation, age, sex, and national origin.

1. Name and address of complainant

Telephone Number _____

2. Name and address of respondent

Telephone Number _____

3. Name, Address and Telephone Number of Agency/Service Provider/Employer

Name: _____

Telephone Number _____

Address: _____

4. Which of the following best describes why you believe you were discriminated against.

Age Race Disability Political Affiliation Citizenship
 Sex Color Religion National Origin Retaliation

5. This complaint is concerns an incident or action that happened to (please check the appropriate box)

Only me Other people and me Other people, but not me

5. To the best of your knowledge which program was involved?

Unemployment Compensation Workforce Innovation and Opportunity Act
 Employment Service Wagner-Peyser Other _____

6. On what date(s) did the alleged discrimination take place? _____ If there is continuing discrimination, please indicate the date(s) of the most recent act(s). _____

(NOTE: Department of Labor regulations require that complaints of discrimination must be filed with 180 days of the alleged discrimination)

7. Explain, as briefly and clearly as you can, what happened, how you negatively affected or treated differently than other persons, and why you believe it is because of the basis you checked. (If necessary, attach additional sheets) Also attach any written documentation pertaining to this matter.

8. Why do you believe these events occurred?

9. Please list any persons (witnesses, employees, supervisors or others) you believe had direct knowledge of your allegation that we may contact for additional information to support or clarify your complaint.

Name

Address

Telephone Number

10. What remedies do you seek?

11. Have you filed a complaint on this matter with any of the following?

Civil Rights Division, U.S. Dept. of Justice WV Human Rights Commission
 Civil Rights Center, U.S. Dept. of Labor Federal or State Court
 U.S. Equal Employment Opportunity Commission WV State EEO Office

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

Court or Agency _____
Case Or Docket Number _____
Date(s) Filed _____ Trial/Hearing Date _____
Name of Investigator _____
Status of Case _____

13. Do you have an attorney or other representation? Yes No If yes, please provide the name, address and telephone number _____

I attest that the information provided is true and accurate to the best of my knowledge.

Signature of Complainant or Representative

Date Signed

Any questions should be directed to:

William Sochko, EO Officer
WorkForce West Virginia
304 Scott Ave.
Morgantown, WV. 26508
Telephone: (304) 989-0283

WORKFORCEEO@WV.GOV

If you elect to file your complaint with WorkForce West Virginia, you must wait until the agency issues a decision, or until 90 days have passed, whichever is sooner, before filing with the US Department of Labor, Civil Rights Center (CRC), 200 Constitution Avenue, NW, Room N-4123, Washington DC 20210. If WorkForce West Virginia has not provided you with a written decision within 90 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with the CRC within 30 days of the expiration of the 90-day period. If you are dissatisfied with the resolution of your complaint, you may file a complaint with the CRC. Such complaints must be filed within 30 days of the date you received notice of the resolution. This material is available in alternative formats for individuals with disabilities by calling 304-558-1600 (voice) or via TDD at 304-558-1549.

WorkForce West Virginia is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.