## STATE OF WEST VIRGINIA DISCRIMINATION COMPLAINT FORM

This form is to be used by persons alleging discrimination prohibited by the Workforce Innovation and Opportunity Act (WIOA) and administered by the State of West Virginia.

Name and address of complainant:	2.	Name and address of respondent:		
Telephone Number:		Telephone Number:		
Name, Address and Telephone Number of Agency/Service Provider/Employer				
Name:	_	Telephone Number:		
Address:				
Which of the following best describes why you beli { } Age	{ } Po	olitical Affiliation { } Citizenship		
To the best of your knowledge which program was { } Unemployment Compensation { } Workforce { } Employment Service { } Wagner-Pe	Innova	ation & Opportunity Act		
On what date(s) did the alleged discrimination continuing discrimination, indicate the date(s) of the (U. S. Department of Labor regulations require that complain alleged discrimination)	e most i	recent act(s):		
Explain, as briefly and clearly as you can, who discriminated against. Be sure to include how yo persons in the same situation (if necessary, attadocumentation pertaining to this matter.	ou belie	eve you were treated differently than other		
Why do you believe these events occurred?				

Name	<u>Address</u>	Telephone Number			
What remedies do you seek?					
Have you filed a complaint on this matter with any of the following?  { } Civil Rights Division, U.S. Dept. of Justice					
For each item checked in #11 above, please provide the following information:  Court or Agency:  Case Or Docket Number:					
Case Or Docket Number:  Date(s)Filed:  Name of Investigator:  Status of Case:					
Do you have an a		Yes {} No If yes, please provide	the na		
I attest that the information provided is true and accurate to the best of my knowledge.					
Signature of C	omplainant or Representative	Date Signed			
	Any questions should be	directed to:			
	Leah Basford, EO C workforceeo@wv. WorkForce West Vii 1900 Kanawha Boulev.	gov ginia			

If you elect to file your complaint with WorkForce West Virginia you must wait until WorkForce West Virginia 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.

Charleston, WV 25305