

**Workforce Snohomish  
Discrimination Complaint Processing Handbook – Attachment A**

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## Introduction

The WorkSource System Discrimination Complaint Processing Handbook establishes minimum requirements and gives procedural guidance to Local Workforce Development Boards (LWDB), their subrecipients of the Workforce Innovation and Opportunity Act (WIOA) Title I grant funds, service providers and centers within the One Stop system, regarding the development, maintenance, and implementation of local-level discrimination complaint processing procedures. All grant recipients/program providers under Title I of WIOA are responsible for complying with the discrimination complaint procedures at [29 CFR Part 38](#), and as outlined in this handbook.

The discrimination complaint procedures and tools in this handbook can serve as templates for LWDBs to adopt or modify. These templates represent the minimum state and federal requirements and should not be modified to remove minimum state and federal requirements.

Program complaints that do not allege violations of nondiscrimination laws will be processed under WorkSource System Customer Concern and Complaint Resolution [Policy 1012, Revision 2](#).

## References

- [WIOA Section 188](#)
- [29 CFR Part 38](#)
- Title [VI](#) & [VII](#) of the Civil Rights Act of 1964
- [Title IX of the Education Amendments of 1972](#)
- [Age Discrimination Act of 1975](#)
- [Age Discrimination in Employment Act of 1967](#)
- Section [501](#), [503](#), [504](#) of Rehabilitation Act of 1973
- [Americans with Disabilities Act of 1990, as amended](#)
- [Revised Code of Washington \(RCW\) 49.60](#)
- [Washington State Nondiscrimination Plan](#)
- Employment Security Department (ESD) Policy and Procedure 0013 - Discrimination Complaint Processing

## 1. Discrimination Complaint Processing Procedures

### 1.1. Filing a Discrimination Complaint

Any person or the person's representative who believes that any of the following circumstances exist may file a written complaint:

- A person, or any specific class of individuals, has been or is being discriminated against on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or for any beneficiary of, applicant to, or participant in programs financially assisted under Title I of WIOA, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.
- Either the person, or any specific class of individuals, has been or is being retaliated against as described in [29 CFR Part 38.19](#).

Discrimination complaints filed under WIOA must be written and filed within **180 calendar days** of the date of the alleged discrimination or retaliation.

The Washington Law Against Discrimination, [RCW 49.60](#), prohibits discrimination in employment and public accommodations on these additional bases: citizenship or immigration status, families with children, marital status, sexual orientation, honorably discharged veteran or military status, and the use of a trained guide dog or service animal by a person with a disability. Discrimination complaints filed on these grounds will be processed based on state law and without any references to the United States Department of Labor (USDOL) Civil Rights Center (CRC). The complainant may also file a discrimination complaint with the Washington State Human Rights Commission. Discrimination complaints filed under Washington State law must be filed within **six months** of the date of the alleged discrimination or retaliation.

Any person or their representative wishing to file a discrimination complaint must be given the option to file it with the LWDB EO Officer, the State-Level EO Officer or with the Director of the USDOL CRC. If the complainant elects to file with both CRC and the LWDB or State-Level EO Officer, the complainant must be informed that the LWDB or State-Level EO Officer has **90 calendar days** to process the discrimination complaint and that CRC will not investigate the complaint until the **90 calendar-day** period has expired.

Customers with disabilities must be provided, upon request and at no cost to them, appropriate accommodations, auxiliary aids and services to file their complaint. Customers who are limited English proficient (LEP) must be provided, upon request and at no cost to them, language assistance services, including oral interpretation and/or written translation to file their complaint.

Discrimination complaints received at a WorkSource center, affiliate, or connection site or with a service provider will be forwarded to the LWDB EO Officer.

Following is contact information for the State-Level EO Officer and the USDOL CRC:

State-Level EO Officer	or	The Director, Civil Rights Center (CRC)
Employment Security Department		U.S. Department of Labor
P.O. Box 9046		200 Constitution Avenue NW
Olympia, WA 98507-9046		Room N-4123
		Washington, DC 20210

A discrimination complaint may be filed electronically or in hard copy using the attached [WorkSource Discrimination Complaint Form](#), or the complaint may be written out in a different format.

Each complaint must contain the following information:

- Complainant's name, mailing address, and, if available, email address or other means of contacting the complainant.
- Identification of individual(s) or entity(ies) responsible for the alleged discrimination.
- A description of the complainant's allegations, which must include enough detail to determine:
  - Jurisdiction over the complaint;
  - If the complaint was filed timely (**within 180 calendar days of the date of the last incident**); and
  - Apparent merit of the complaint (whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of WIOA).
- Complainant's written or electronic signature or the written or electronic signature of the complainant's representative.

WorkSource system staff or their representative may file a discrimination complaint with the LWDB EO Officer, the State-Level EO Officer, the CRC, their organization's equal opportunity (EO)/equal employment opportunity (EEO) contact, or their union if they are represented.

WorkSource System Staff also have the right to file a discrimination complaint with:

**[U.S. Equal Employment Opportunity Commission \(EEOC\)](#)**

EEOC enforces federal laws that prohibit discrimination in employment on the basis of race, color, national origin, sex (including pregnancy, gender identity, and sexual orientation), religion, age (40 or above), and disability or genetic information. EEOC jurisdiction covers violations of Title VII of the Civil Rights Act of 1964, as amended, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 and Title I of the Americans with Disabilities Act of 1990, as amended.

Discrimination complaints filed with the EEOC must be written and filed within **300 days** of the date of the alleged discrimination or retaliation.

## **Washington State Human Rights Commission (HRC)**

HRC enforces state law that prohibits discrimination in employment and places of public accommodation based on race, creed, color, national origin, citizenship or immigration status, families with children, sex, sexual orientation, gender identity, marital status, age, disability, the use of a trained guide dog or service animal by a person with a disability, and honorably discharged veteran or military status. HRC's jurisdiction is the Washington State Law Against Discrimination – RCW 49.60.

Discrimination complaints filed with the HRC must be written and filed within **six months** of the date of the alleged discrimination or retaliation.

No individual, organization or agency may refuse service, discharge, intimidate, threaten, coerce, discriminate or retaliate in any manner against any person because that person has filed a discrimination complaint, opposed a practice prohibited by nondiscrimination laws, instituted any proceeding related to a discrimination complaint, testified or is about to testify in any proceeding or investigation related to a discrimination complaint, or has provided information or assisted in an investigation.

### **1.2 Receiving a Discrimination Complaint**

If the complainant elects to file a discrimination complaint with an employee in the WorkSource system, that employee must accept the discrimination complaint and immediately forward it to the LWDB EO Officer.

The LWDB EO Officer is responsible for providing local intake services for discrimination complaints to determine if the complaint is covered by [29 CFR Part 38](#) and for resolving jurisdictional issues, if any.

Upon receipt of a discrimination complaint, the LWDB EO Officer must log the complaint and, if necessary, confer with the State-Level EO Officer prior to determining jurisdiction over the matter. If the LWDB EO Officer determines that another entity has jurisdiction, they must promptly refer the discrimination complaint to that entity and the LWDB will notify the complainant, in writing, within ten business days and include the reasons for the determination. This Notice of Lack of Jurisdiction must advise complainants that they have a right to file a complaint with the Director of the CRC within **30 calendar days** of the date on which the complainant received the notice.

### **1.3 Distinguishing Between Program and Discrimination Complaints**

If a complainant alleges that they were mistreated in service delivery because of a prohibited factor such as race, national origin, sex, etc., and they also allege they were denied admittance to a program because of a non-prohibited factor such as their income level, these are handled as a separate discrimination complaint and program complaint. If the complainant had alleged that both were due to prohibited factors, it would be a single discrimination complaint. The discrimination complaint would be processed under these procedures and the program complaint would be processed under WorkSource System Customer Concern and Complaint Resolution Policy [Policy 1012, Revision 2](#). If desired, the discrimination complaint Notice of Final Action and the program complaint

determination letter may be sent in the same letter but must be separate subjects. The Notice of Final Action should be signed by the LWDB Executive Director since the recipient (LWDB) and the Governor are jointly and individually liable for all violations of the nondiscrimination and equal opportunity provisions of [29 CFR Part 38](#).

If a discrimination complaint is filed that contains allegations against individuals, WorkSource centers, etc. that are in more than one LWDB, the LWDB EO Officer may collaborate with their counterpart in the other LWDB or with the State-Level EO Officer to process the complaint.

#### **1.4 Processing a Discrimination Complaint**

Within **10 business days** of receipt of the discrimination complaint, the LWDB EO Officer must issue an initial written Notice of Receipt to complainants that contains the following information:

- Acknowledgement of receipt of the discrimination complaint.
- Notice that the complainant has the right to be represented in the discrimination complaint process.
- Notice of rights contained in [29 CFR Part 38.35](#). Attached is a sample Equal Opportunity is the Law notice.
- Notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that the notice at [29 CFR Part 38.35](#) will be translated into the appropriate non-English language as required in [29 CFR Part 38.34](#), [29 CFR Part 38.36](#), and [29 CFR Part 38.9](#).
- A list of each issue raised in the discrimination complaint and, for each issue, a statement that the issue is accepted for investigation or is not accepted. The reason(s) must be provided for rejection.
- The complainant must be given an invitation to participate in alternative dispute resolution. For more information, see Alternative Dispute Resolution (ADR) Process below.

Immediately after issuance of the Notice of Receipt, the LWDB EO Officer must either begin the investigation of the discrimination complaint or arrange to have an investigation conducted by an individual trained in conducting discrimination complaint investigations.

The total time allowed for processing the discrimination complaint is **90 calendar days** from the date on which the complaint was filed. Extensions are not allowed. This timeframe includes **60 calendar days** at the local level and **30 calendar days** for review at the state level, if needed.

If the complainant elects to file with both CRC and the LWDB/State-Level EO Officer, the complainant must be informed that the LWDB has **90 calendar days** to process the discrimination complaint and that CRC will not investigate the complaint until the **90 calendar-day** period has expired.

### **1.5 Alternative Dispute Resolution (ADR) Process**

The LWDB EO Officer will include an invitation to alternative dispute resolution with the *Notice of Receipt*. Complainants may request ADR at any time after they have filed a written complaint, but before they have received a *Notice of Final Action*. If the complainant chooses to participate in ADR, they or their designee must respond in writing and it must be dated, signed by the complainant, and include the relief sought.

Upon receiving a request for ADR, the LWDB EO Officer will immediately forward it to the State-Level EO Officer. The State-Level EO Officer will coordinate with the LWDB EO Officer on ADR processes.

If possible, the ADR process should be completed within **30 calendar days** of receipt of the discrimination complaint. This will assist in keeping within the **90 calendar-day** timeframe of the written *Notice of Final Action* if ADR is not successful.

If resolution is reached under ADR, the agreement will be in writing. A copy of the signed agreement will be sent to the State-Level EO Officer.

If an agreement is reached under ADR but a party to the agreement believes the agreement has been breached, the non-breaching party may file a complaint with the CRC within **30 calendar days** of the date on which the non-breaching party learns of the alleged breach.

If the parties do not reach resolution under ADR, the LWDB EO Officer will continue with the investigation, or the complainant may file a complaint with the CRC.

### **1.6 Notice of Final Action**

A written *Notice of Final Action (NOFA)* will be provided to the complainant within **90 calendar days** of the date the discrimination complaint was filed. The NOFA will contain:

- For each issue raised in the complaint, a statement of either:
  - The recipient's decision on the issue and an explanation of the reasons underlying the decision; or
  - A description of the way the parties resolved the issue; and
- Notice that the complainant has a right to file a complaint with CRC within **30 calendar days** of the date on which the NOFA is received if the complainant is dissatisfied with the recipient's final action on the complaint.

### **1.7 Corrective Action**

If discrimination is found through the process of a complaint investigation, the respondent will be requested to voluntarily comply with corrective action(s) or a conciliation agreement to implement remedial action. If voluntary compliance efforts fail, sanctions may be considered. Prior to sanctions being applied, procedural due process will be provided.



## **1.8 Confidentiality**

The LWDB EO Officer is required to keep the following information confidential to the maximum extent possible, consistent with applicable law and fair determination of the discrimination complaint:

- The fact that the discrimination complaint has been filed.
- The identity of the complainant(s).
- The identity of individual respondent(s) to the allegations.
- The identity of any person(s) who furnished information relative to, or assisting in, a complaint investigation.

## **1.9 Recordkeeping**

A log of discrimination complaints filed with the recipient must be maintained by the LWDB EO Officer for logging, tracking, and reporting. If a Complaint Coordinator receives a discrimination complaint, they will log it and then forward the complaint to the LWDB EO Officer and/or the State-Level EO Officer:

The log must include:

- The name and address of the complainant.
- The basis of the discrimination complaint.
- A description of the complaint.
- The date the complaint was filed.
- The disposition and date.
- Any other pertinent information.

Access to the complaint log must be limited to the LWDB EO Officer and the Complaint Coordinator.

All records (including email and hard copy) regarding discrimination complaints and actions taken on discrimination complaints must be maintained for a period of not less than three years from the date of final action related to resolution of the complaint.

The State-Level EO Officer will review discrimination complaint data on a routine basis. Should deficiencies be noted in the implementation of these discrimination complaint procedures by any LWDB, the State-Level EO Officer will collaborate with the LWDB EO Officer to review the information and provide technical assistance in the discrimination complaint process, alternative dispute resolution, and/or investigation. Discrimination complaint data will be available for review by USDOL CRC upon request.

## 2. Definitions

**Civil Rights Center (CRC)** – The CRC is the federal enforcement agency with the United States Department of Labor (USDOL), with jurisdiction over discrimination complaints alleging violations of WIOA, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and similar laws that pertain to recipients of USDOL financial assistance.

**Discrimination Complaint** – Discrimination complaints are complaints alleging a violation of law(s) that prohibit discrimination against any individual or any specific class of individuals on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or for any beneficiary of, applicant to, or participant in programs financially assisted under Title I of WIOA, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. Discrimination complaints filed under WIOA must be filed within **180 calendar days** of the alleged discrimination or retaliation.

Washington State law also prohibits discrimination in employment and public accommodation on the following bases: citizenship or immigration status, families with children, marital status, sexual orientation, honorably discharged veteran or military status, and the use of a trained guide dog or service animal by a person with a disability. Discrimination complaints filed under Washington State law must be filed within **six months** of the date of the alleged discrimination or retaliation.

The WorkSource Discrimination Complaint Form may be used; however, at a minimum, discrimination complaints must contain the following information:

- Complainant's name, mailing address, and, if available, email address or other means of contacting the complainant.
- Identification of individual(s) or entity(ies) responsible for the alleged discrimination.
- A description of the complainant's allegations, which must include enough detail to determine:
  - Jurisdiction over the complaint;
  - If the complaint was filed timely (**within 180 calendar days of the date of the last incident**); and
  - Apparent merit of the complaint (whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of WIOA).
- Complainant's written or electronic signature or the written or electronic signature of the complainant's representative.

**LWDB Equal Opportunity (EO) Officer** – The individual designated by an LWDB to serve as the local EO Officer responsible for administration of the LWDB's subrecipients and service providers' discrimination complaint processing as outlined in this policy and procedure, and for

monitoring subrecipient and service providers' compliance with the nondiscrimination and equal opportunity requirements in WIOA.

**Recipient** – Recipient means an entity to which financial assistance under WIOA Title I is extended, directly from the U.S. Department of Labor or through the Governor or another recipient (including any successor, assignee, or transferee of a recipient), but excluding any ultimate beneficiary of the WIOA Title I-financially assisted program or activity.

In addition, WorkSource system partners are treated as recipients to the extent that they participate in the WorkSource system. As a result, all partners in the WorkSource system are subject to the nondiscrimination and equal opportunity requirements of [29 CFR Part 38](#).

**Service provider** – Service provider means any operator of or provider of aid, benefits, services, or training to:

- Any program or activity that receives WIOA Title I financial assistance from or through any state or LWDB grant recipient, or
- Any participant through that participant's Individual Training Account (ITA).

Service provider may also be defined as any entity that is selected and/or certified as an eligible provider of training services to participants.

**State-Level Equal Opportunity (EO) Officer** – The individual designated by the Governor as the State-Level Equal Opportunity Officer, who reports directly to the Governor, or the Governor's designee, and is responsible for state program-wide coordination of compliance with the nondiscrimination and equal opportunity requirements in WIOA.

### 3. Questions and Answers

#### **What should I do if a customer indicates they want to file a discrimination complaint?**

If a customer says they feel discriminated against or feels they were treated poorly because of a protected characteristic (race, gender, age, etc.), first give the customer their rights to file a discrimination complaint with the LWDB EO Officer, the State-Level EO Officer and the USDOL CRC. After giving the customer their rights, continue to provide service to the customer.

#### **What should I do if a customer indicates they want to file a program complaint?**

If a customer says they want to file a complaint about violations of a law, regulations or policy connected to Wagner-Peyser, WIOA, or Trade Adjustment Act (TAA) programs, but they do not allege discrimination, give the customer their rights to file a program complaint with the local Complaint Coordinator (see WorkSource System Customer Concern and Complaint Resolution [Policy 1012, Revision 2](#)).

#### **Where can I find the Equal Opportunity is the Law complaint poster?**

Equal Opportunity is the Law posters informing customers of their rights to file a discrimination complaint with the LWDB EO Officer, the State-Level EO Officer, and the USDOL CRC are posted in every WorkSource center and on [Employment Security Department's website](#). A sample Equal Opportunity is the Law Notice is attached to this handbook. The Equal Opportunity is the Law Notice is available in several other languages on the [CRC website](#).

#### **How can a customer file a discrimination complaint?**

A customer may file a discrimination complaint by submitting a locally approved complaint form that is filled out and signed or by submitting a signed letter or email with enough information to initiate fact-finding. This handbook contains additional information regarding what must be included on complaint forms, including an example of a form that can be implemented.

#### **May LWDBs develop a local discrimination policy and process that applies to all WorkSource sites located in a WDA?**

Yes. It is not required for each site to maintain separate discrimination complaint policies or procedures. The complaint procedures and tools in this handbook can serve as templates for LWDBs to adopt or modify. These templates represent the minimum state and federal requirements and should not be modified to remove minimum state and federal requirements.

#### 4. Example Tools

- [Discrimination Complaint Log](#)
- [Equal Opportunity is the Law Notice](#)
  - **Note:** The Equal Opportunity is the Law Notice is available in several other languages on the [CRC website](#).
- [WorkSource Discrimination Complaint Form – English](#)
- [WorkSource Discrimination Complaint Form - Spanish](#)

## Discrimination Complaint Log

**Local Workforce Development Board (LWDB):**

**LWDB EO Officer:**

**Calendar Year:**

Date filed	Complainant's name & address	Basis of complaint	Description of complaint	Disposition	Disposition date

**Instructions / Definitions:**

**Date filed:** The date the complainant filed their complaint. Complaints must be submitted within **180 calendar days** of the date of the alleged discrimination under [WIOA](#) and within **six months** of the date of the alleged discrimination under [RCW 49.60](#).

**Basis of complaint:** Protected category that the complaint is based on.

**Disposition:** The outcome or determination of the investigation, including any referral/transfer. If referred/transferred, the agency or partner the complaint has been transferred to needs to be clearly identified.

## **EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

### **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

#### **LWDA NAME's Local Equal Opportunity Officer**

Name

Email

Phone; Washington Relay Service 711

Address

**or**

#### **State-Level Equal Opportunity Officer**

Teresa Eckstein

[teckstein@esd.wa.gov](mailto:teckstein@esd.wa.gov)

360-480-5708; Washington Relay Service 711

Employment Security Department

PO Box 9046

Olympia, WA 98507-9046

**or**

#### **The Director, Civil Rights Center (CRC)**

U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210

or, electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Equal opportunity and nondiscrimination complaint process**

If you have questions regarding discrimination complaint matters in which WorkSource or the Employment Security Department are a party, you may contact your local equal opportunity officer at:

**LWDA NAME's Local Equal Opportunity Officer**

Name

Email

Phone; Washington Relay Service 711

Address

If you wish to file or inquire about filing a discrimination complaint in which WorkSource or the Employment Security Department **have not** been a party, please contact:

U.S. Equal Employment Opportunity Commission

Seattle Office

800-669-4000 (toll-free)

and/or

Washington State Human Rights Commission

800-233-3247 (toll-free)

Applicant attests to reading and understanding this Equal Opportunity Notice of Rights.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





## Washington Discrimination Complaint 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 answer that question. You do not have to answer the other questions, but if you do, it will help us to process your 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 contact information 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 or Mailing Address, City, State, Zip Code:**

**Telephone number(s):**

**Email Address:**

**\*2A. If you are the complainant's representative, please give your name and contact information in this section and attach a letter or other document signed by the complainant, authorizing you to serve as the complainant's representative.**

**Representative's Name:**

**Representative's Organization (if any):**

**Street or Mailing Address, City, State, Zip Code:**

**Telephone number(s):**

**Email Address:**

***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 they were 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

**I am a:**  Customer  Employee  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 WorkSource Center, service provider, or organization, please give that information as well.**

**Name of Office or Organization:**

**Street or Mailing Address, City, State, Zip Code:**

**Telephone Number(s):**

**Email Address:**

**\*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".

- Employment Service or Job Service
- Migrant and Seasonal Farm Workers Program
- Trade Adjustment Assistance Program
- Unemployment Insurance Benefit Program
- Workforce Innovation and Opportunity Act Program (Dislocated Worker, Adult, Youth)
- Other (what program?)
- Do not know

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

**Person's Name:**  
**Job Title:**  
**Telephone Number:**

**Person's Name:**  
**Job Title:**  
**Telephone Number:**

**Person's Name:**  
**Job Title:**  
**Telephone Number:**

**Person's Name:**  
**Job Title:**  
**Telephone Number:**

**\*7. What do you think was the *basis (reason)* for the alleged discrimination?** Please check the boxes next to all of the bases (reasons) you think were involved in the alleged discrimination and answer any other questions that go along with that box.

**Because of my disability** (please check one of the following three boxes).

I have a disability (which may be active or inactive right now).

What is your disability?

I have a record of a disability.

What was your past disability?

I do not have a disability, but the organization or program treats me as if I am disabled.

**Because of my national origin** (please answer the questions below).

Are you Hispanic or Latino? Please check a box.  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?

**Because of my race** (please check all that apply).

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

**Because of my color.** What is your color?

**Because of my sex.** What is your sex?

**Because of my gender identity.** What is your gender identity?

**Because of my transgender status.**

**Because of sex stereotyping.**

**Because of my pregnancy and related medical conditions.**

**Because of childbirth and related medical conditions.**

**Because of my religion.** What is your religion?

**Because of my age.** What is your date of birth?

**Because of my political affiliation or political belief.** What is your political affiliation or political belief?

**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** because I complained about discrimination, or because I gave a statement or was involved in some other way with someone else's discrimination complaint.

**\*8 For each of the bases (reasons for discrimination) you checked above, 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.** For example, if you checked “Because of my race”, list the facts you think explain **how or why** you think what happened was because of the race of you or the person(s) who were harmed.

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, in known.

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

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

**Date of the first action:**

**Date of most recent action:**

**If the date of the most recent alleged 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), if known, 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.):**  
**Telephone number(s) and/or email address(es):**

**Person's Name:**  
**Relationship to case (witness, coworker, etc.):**  
**Telephone number(s) and/or email address(es):**

**Person's Name:**  
**Relationship to case (witness, coworker, etc.):**  
**Telephone number(s) and/or email address(es):**

**11. What remedies are you asking for?** For example, getting benefits or training you did not receive, changes in policies, etc. *PLEASE NOTE: The laws that CRC enforces do not allow for punitive damages. Money may only be awarded to compensate victims of discrimination for actual losses.*

**\*12. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), the Washington State Human Rights Commission (HRC), or the U.S. Department of Labor Civil Rights Center (CRC), about the same events or actions you describe on this form?** If yes, please answer these questions as best you can about each organization where you filed a written complaint.

**Where did you file your complaint?**

**When did you file your complaint?**

**Name and contact information for the person working on your complaint, if known:**

**Has the place where you filed your first written complaint given you a final decision about the complaint?**

**If yes, what was the date of the final decision?**

**Was the decision in writing?** Include copies of written decisions, dismissals, or Right-to-Sue Letters, or other written responses to your complaint that you have received.

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

**Signature of Complainant:**

**Date:**

**Signature of Complainant's Representative:**

**Date:**



**Please mail or email your complaint to:**

Local Equal Opportunity Officer  
LWDA NAME  
Address  
Email  
Phone, Washington Relay Service 711

**or**

State-Level Equal Opportunity Officer  
Teresa Eckstein  
Employment Security Department  
PO Box 9046  
Olympia, WA 98507-9046  
teckstein@esd.wa.gov  
360-480-5708, Washington Relay Service 711

**or**

The Director, Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210

or, electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

**If you file your complaint with both the CRC and the Local Equal Opportunity Officer or State-Level Equal Opportunity Officer, the Equal Opportunity Officers have 90 calendar days to process the discrimination complaint and CRC will not investigate the complaint until the 90 calendar-day period has expired.**



## Formulario de queja por discriminación de Washington

Lea atentamente el formulario. **Escriba en letra de molde o imprima sus respuestas.** Responda cada pregunta lo más completamente posible. Si no puede incluir toda su respuesta en el espacio de este formulario, puede agregar más páginas.

**Si una pregunta o campo tiene un asterisco (\*) al lado, usted tiene que responder esa pregunta. No es necesario que responda las otras preguntas, pero si lo hace, nos ayudará a procesar su queja.** Si no sabe la respuesta a una pregunta, coloque "no lo sé" en el espacio para la respuesta. Si la pregunta no se aplica a su caso, escriba "n/a".

**\*1. ¿Es usted el denunciante o el representante del denunciante?** Marque la casilla correcta.

Denunciante  Representante

**\*2. Proporcione su nombre e información de contacto a continuación. Si usted es un representante del denunciante, proporcione el nombre del denunciante y la información de contacto en esta sección, y su nombre e información de contacto en la sección 2A.**

Nombre del denunciante:

Calle o dirección postal, ciudad, estado, código postal:

Número(s) telefónico(s):

Dirección de correo electrónico:

**\*2A. Si usted es el representante del denunciante, proporcione su nombre e información de contacto en esta sección y adjunte una carta u otro documento firmado por el denunciante, donde le autorice a actuar como representante del denunciante.**

**Nombre del representante:**

**Organización del representante (si corresponde):**

**Calle o dirección postal, ciudad, estado, código postal:**

**Número(s) telefónico(s):**

**Dirección de correo electrónico:**

***Para el resto de las preguntas presentadas en este formulario, "usted" se refiere al denunciante y no al representante o persona que este ayudando al denunciante. Por favor, proporcione las respuestas que el denunciante proporcionaría si estuviera completando el formulario.***

**\*3. Esta queja por discriminación se trata de algo que le sucedió a (marque la casilla correspondiente):**

Solamente a mí  A mí y otras personas  Otras personas, pero no a mí

**Yo soy un(a):**  Cliente  Empleado(a)  Solicitante de empleo

**\*4. Proporcione el nombre del Centro de WorkSource, el proveedor de servicios o la organización de la que se queja. Si tiene alguna información de contacto del Centro de WorkSource, el proveedor de servicios u organización, también proporcione esa información.**

**Nombre de la oficina u organización:**

**Calle o dirección postal, ciudad, estado, código postal:**

**Número(s) telefónico(s):**

**Dirección de correo electrónico:**

**\*5. ¿Qué programa estuvo involucrado en la discriminación de la que se queja?** Si no sabe el nombre del programa, y su queja por discriminación no involucra a un Centro de WorkSource o un proveedor de servicios, marque "No sé".

- Servicio de empleo
- Programa de trabajadores agrícolas migrantes y de temporada
- Programa de Asistencia por Ajuste Comercial
- Programa de beneficios del seguro por desempleo
- Programa de la Ley de Innovación y Oportunidades para la Fuerza Laboral (Trabajador desplazado, adulto, joven)
- Otro (¿Qué programa?)
- No sé

**\*6. ¿Qué persona(s), si lo sabe, en el Centro de WorkSource, proveedor de servicios u organización que proporcionó en la pregunta 4 estuvo involucrada en la presunta discriminación?** Si necesita más espacio para enumerar a todas las personas, adjunte más páginas a este formulario.

**Nombre de la persona:**

**Puesto de trabajo:**

**Número de teléfono:**

**Nombre de la persona:**

**Puesto de trabajo:**

**Número de teléfono:**

**Nombre de la persona:**

**Puesto de trabajo:**

**Número de teléfono:**

**Nombre de la persona:**

**Puesto de trabajo:**

**Número de teléfono:**

**\*7. ¿Cuál cree que fue el *fundamento* (razón) de la presunta discriminación?** Marque las casillas junto a todos los fundamentos (razones) que cree que estuvieron involucrados en la presunta discriminación y responda cualquier otra pregunta que acompañe a esa casilla.

**Por mi discapacidad** (marque una de las siguientes tres casillas).

Tengo una discapacidad (que puede estar activa o inactiva en este momento).

¿Qué discapacidad tiene?

Tengo un historial de una discapacidad.

¿Cuál era la discapacidad que tenía?

No tengo una discapacidad, pero la organización o el programa me trata como si estuviera discapacitado.

**Por mi país de origen** (responda las preguntas a continuación).

¿Es hispano(a) o latino(a)? Marque una casilla.  Sí  No

¿Cuál es su país de origen (el país de donde vinieron usted, sus padres, sus abuelos o sus antepasados)?

**Por mi dominio limitado del inglés.** ¿En qué idioma se siente más cómodo comunicándose?

**Por mi raza** (marque todas las que correspondan).

Nativo americano o nativo de Alaska

Asiático

Afroamericano

Nativo de Hawái u otra Isla del Pacífico

Blanco o caucásico

**Por mi color.** ¿Cuál es su color?

**Por mi sexo.** ¿Cuál es su sexo?

**Por mi identidad de género.** ¿Cuál es su identidad de género?

- Por mi estado transgénero.**
- Por los estereotipos sexuales.**
- Por mi embarazo y afecciones médicas relacionadas.**
- Por el parto y afecciones médicas relacionadas.**
- Por mi religión.** ¿Cuál es su religión?
- Por mi edad.** ¿Cuál es su fecha de nacimiento?
- Por mi afiliación política o creencias políticas.** ¿Cuál es su afiliación política o creencias políticas?
- Por mi ciudadanía.** ¿Cuál es su ciudadanía?
- Por mi participación en un programa que recibe ayuda financiera federal.** Nombre el programa:
- Tomaron represalias en mi contra** porque me quejé de discriminación, o porque di una declaración o estuve involucrado de alguna otra manera con la queja por discriminación de otra persona.

**\*8 Para cada uno de los fundamentos (razones de discriminación) que marcó anteriormente, explique qué sucedió, cómo le perjudicó a usted (o a alguien más) lo que sucedió y cómo o por qué cree que lo que sucedió se debió a la discriminación.** Por ejemplo, si marcó “Por mi raza”, enumere los hechos que crea que expliquen **cómo o por qué** cree que lo que sucedió es debido a su raza o a la de las personas que resultaron perjudicadas.

Si trataron a otras personas o grupos de forma diferente a usted, describa a quienes trataron de forma diferente, cómo se les trató de forma diferente y cómo el trato diferente lo perjudicó a usted (o a las otras personas que cree que discriminaron). Sea específico y breve. Proporcione el nombre(s) y la información de contacto de cualquiera de las personas involucradas, si lo sabe.

Si su respuesta no cabe en el espacio a continuación, utilice más páginas para terminar su respuesta y adjunte esas páginas a este formulario.

**\*9. ¿En qué fecha(s) sucedió la presunta discriminación?**

**Fecha del primer acto:**

**Fecha del acto más reciente:**

**Si la fecha del presunto acto de discriminación más reciente fue hace más de 180 días, explique por qué no presentó una queja por discriminación antes.**

**10. Enumere a continuación cualquier otra persona (testigos, compañeros de trabajo, supervisores u otros), si lo sabe, a quienes aún no ha nombrado y con los que debemos comunicarnos para obtener información sobre su queja por discriminación. Adjunte más páginas si necesita más espacio para esta información.**

**Nombre de persona:**

**Relación con el caso (testigo, compañero de trabajo, etc.):**

**Número(s) de teléfono y/o dirección(es) de correo electrónico:**

**Nombre de persona:**

**Relación con el caso (testigo, compañero de trabajo, etc.):**

**Número(s) de teléfono y/o dirección(es) de correo electrónico:**

**Nombre de persona:**

**Relación con el caso (testigo, compañero de trabajo, etc.):**

**Número(s) de teléfono y/o dirección(es) de correo electrónico:**

**11. ¿Qué soluciones estás pidiendo?** Por ejemplo, recibir beneficios o capacitación que no recibió, cambios en las políticas, etc. *TENGA EN CUENTA: Las leyes que el Centro de Derechos Civiles hace cumplir no permiten la indemnización por daños y perjuicios. Solo se puede otorgar dinero para compensar a las víctimas de discriminación por pérdidas reales.*

**\*12. ¿Ha presentado una queja por escrito con alguien más, como la Comisión de Igualdad de Oportunidades en el Empleo (EEOC, por sus siglas en inglés), la Comisión de Derechos Humanos del Estado de Washington (HRC, por sus siglas en inglés) o el Centro de Derechos Civiles del Departamento de Trabajo de los Estados Unidos (CRC, por sus siglas en inglés) sobre los mismos eventos o actos que describe en este formulario?** Si es así, responda estas preguntas lo mejor que pueda sobre cada organización en la que presentó una queja por escrito.

**¿Dónde presentó su queja?**



**¿Cuándo presentó su queja?**

**Nombre e información de contacto de la persona que está trabajando en su queja, si lo sabe:**

**¿El lugar donde presentó su primera queja por escrito le ha dado una decisión final sobre la queja?**

**Si es así, ¿cuál fue la fecha de la decisión final?**

**¿La decisión se hizo por escrito?** Incluya copias de decisiones escritas, despidos o cartas de derecho a demandar, u otras respuestas por escrito a su queja que haya recibido.

**\*13. Firme y ponga la fecha en este formulario en el espacio correspondiente a continuación.**

**Firma del denunciante:**

**Fecha:**

**Firma del representante del denunciante:**

**Fecha:**

**Envíe su queja por correo postal o electrónico a:**

Local Equal Opportunity Officer  
LWDA NAME  
Email  
Phone, Washington Relay Service 711  
Address

o

State-Level Equal Opportunity Officer  
Teresa Eckstein  
teckstein@esd.wa.gov  
360-480-5708, Washington Relay Service 711  
Employment Security Department  
PO Box 9046  
Olympia, WA 98507-9046

o

The Director, Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210

o electrónicamente como se indica en el sitio web del Centro de derechos civiles en [www.dol.gov/crc](http://www.dol.gov/crc).

**Si presenta su queja tanto al Centro de derechos civiles (CRC, por sus siglas en inglés) como al Oficial de Igualdad de Oportunidades Local o el Oficial de Igualdad de Oportunidades a Nivel Estatal, los Oficiales de Igualdad de Oportunidades tienen 90 días calendario para procesar la queja por discriminación y el CRC no investigará la queja hasta que el período de 90 días calendario haya expirado.**