

Agency for Workforce Innovation
Office for Civil Rights
107 East Madison Street – MSC 150
Tallahassee, Florida 32399-4129
Phone: 850-921-3201
Fax: 850-921-3122 E-mail: Civil.Rights@flaawi.com
TTY (using the Florida Relay Service): 711

Discrimination-Complaint Package

Please note: If you need assistance in completing the enclosed form, contact the Office for Civil Rights. Contact information is shown above.

Who May File with the Office for Civil Rights in the Agency for Workforce Innovation

Not everyone is eligible to file with this office. A discrimination complaint may be filed with the Office for Civil Rights in the Agency for Workforce Innovation by or on behalf of any person who feels he or she has been subjected to unlawful discrimination:

- ◆ by a policy, program, activity or employee of the Agency for Workforce Innovation (AWI) or
- ◆ by a recipient (such as an employer or service provider) that receives federal financial assistance (for example, funding) **through AWI**.

This includes all applicants for employment and employees with AWI who feel they have been discriminated against - either on the job or during the hiring, promotion or discharge process.

It also includes any customer, beneficiary, or applicant for services provided by or through AWI who feels he or she has been denied services or treated differently than others in getting services.

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two federal laws govern personal information submitted to federal agencies: the Privacy Act of 1974 (5 U.S.C. 552a), and the Freedom of Information Act (5 U.S.C. 552). Since the Agency for Workforce Innovation (AWI) receives federal financial assistance, the Office for Civil Rights (OCR) voluntarily complies with the intent of these federal laws. A state law, the Florida Government in the Sunshine Law (§119.071(q)), also applies to information filed with an OCR complaint. Please read this description of how these laws apply to information connected with your complaint.

After reading this notice, please sign and return the enclosed consent agreement 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 OCR in connection with a discrimination complaint should know the following:

- ◆ A discrimination complaint filed with OCR may be investigated by either OCR or the Office of the Inspector General (OIG).
- ◆ OCR or the OIG is authorized to investigate complaints of discrimination on the basis of race, color, religion, sex, national origin, age, disability, marital status, political affiliation or belief; and, for beneficiaries only, citizenship, status as an authorized alien worker or participation in WIA programs.
- ◆ Information that OCR or the OIG collects is analyzed by authorized staff within the respective offices. This information may include personnel or program participant records, and other personal information. OCR or the OIG staff may need 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 OCR to determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. OCR or the OIG may also have to reveal personal information to a person who submits a request for disclosure authorized by the Florida Sunshine Law.
- ◆ Information submitted to OCR or to the OIG may also be revealed to persons outside of OCR or the OIG if it is necessary in order to complete enforcement proceedings against a program the OCR finds to have violated the law or regulations. Such information could include, for example, the name, age, marital status or physical condition of the complainant.
- ◆ During the investigation, any personal information you provide may be used only for the specific purpose for which it was requested. OCR or the OIG requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with civil rights laws and regulations. OCR or the OIG 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 Florida Sunshine Law.
- ◆ No law requires that a complainant reveal personal information to OCR or the OIG, and no action will be taken against a person who denies OCR's request

for personal information. However, if OCR or the OIG cannot obtain the information needed to fully investigate the allegations in the complaint, OCR may close the case.

- ◆ The Florida Government in the Sunshine Law gives the public maximum access to state government files and records. Persons can request and receive information from many types of records kept by the state government--not just materials that apply to them personally. Normally, the complaint file is not a public record during the course of the investigation and neither the complainant nor other persons have access to the investigatory materials. However, once the investigation is over and final action is taken, any person may access the investigatory materials. They may also ask for, and receive, copies of all information, including some personal materials OCR or the OIG keeps in their respective investigation files. The Agency for Workforce Innovation must honor all requests for information submitted under the Sunshine Law, with limited exceptions. Some forms of personal information, such as Social Security Numbers must be withheld. Information obtained from job applicants, claimants or employers pertaining to applicants or claimants other than the requesting party are confidential and may only be released if the applicant or claimant signs an "*Authorization for Release of Records*" (AWI form AWA-01). Any employee or individual receiving or releasing confidential information that violates the law commits a misdemeanor of the second degree punishable as provided in Florida Statutes. However, other personal information may be released. Each decision is made based on applicable state and federal laws. Likewise, copies are provided only with a formal written request, at the standard cost of fifteen cents per page. Of course, an exception to these restrictions applies when public employees require the information in performance of their public duties.

As policy, during the course of the investigation, OCR or the OIG reveals names and other identifying information about individuals, only when it is necessary to complete investigatory or enforcement activities against a program or person that has violated the law. OCR or the OIG never reveals to the program or person under investigation the identity of the person who filed the complaint, unless the complainant first gives the investigating office, that is, OCR or the OIG, written permission to do so.

Please retain this notice for your records.

THIS PAGE
INTENTIONALLY
LEFT BLANK.

Agency for Workforce Innovation

Office for Civil Rights

107 East Madison Street – MSC 150

Tallahassee, Florida 32399-4129

Phone: 850-921-3201

Fax: 850-921-3122

E-mail: Civil.Right@flaawi.com

TTY (using the Florida Relay Service): 711

Discrimination Complaint Information Form

1. Your contact information.

Ms. Miss Mrs. Mr. Dr.

Contact numbers (including the area code)

Name: _____

At home: [] _____

Street address: _____

Cellular: [] _____

City: _____

At work: [] _____

State: _____ ZIP code: _____

Via fax: [] _____

E-mail address: _____

2. Contacting you.

What are the most convenient place and time for us to contact you by phone about this complaint?

At home At work Other (neighbor, relative, etc.) Name: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Best time:							
Next best time:							

Phone number to use: [] _____

Special instructions about contacting you. (Example - "Please don't mention this complaint when leaving a message.")

3. Contacting the Respondent.

The "**Respondent**" is usually the employer, organization, or similar authority where the alleged discrimination occurred. Tell us how to contact the respondent. ***DO NOT*** enter information here about individual **people** who may have discriminated against you. Space is provided for that information in Section 5.

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number: [] _____

4. When did this discrimination take place?

Date of first occurrence _____

Date of latest occurrence: _____

5. Tell us about the incident or incidents.

- Explain as briefly and clearly as possible what happened and how you were discriminated against.
- Indicate who discriminated against you. Include names and titles.
- If other people were treated differently from you, be sure to tell us how they were treated differently.
- Use additional paper, if needed.
- Attach any documents that you think might help us better understand your complaint.

6. Basis for the discrimination.

- Check what you believe to be the basis for the discrimination against you, such as your age, race, color, national origin, disability, etc.
- If you think more than one basis was involved, you may check more than one box.

Age *If you checked "age," give your date of birth:* _____

Citizenship or status as a alien US worker

Color

Disability *Specify:* _____

Marital status (only Florida law applies)

National origin (Cuban, Haitian, Russian, etc.) *Specify:* _____

Political affiliation

Political belief

Race *If you checked "race," give your race:* _____

and indicate: of Hispanic or Latino origin not of Hispanic or Latino origin

Religion

Retaliation *Explain:* _____

Sex *Specify:* Female or Male

Check this box if the allegation includes sexual harassment

Status as a program participant under the Workforce Investment Act (WIA)

7. What makes you believe the events that occurred were due to or resulted in discrimination?

8. What would resolve this complaint to your satisfaction?

9. Witnesses and other contacts.

- Please list below any persons (witnesses, fellow employees, supervisors, or others) who we may contact for additional information to support or clarify your complaint.
- Indicate their relationship to the complaint (witness, supervisor, etc.).
- Do they know that we will be contacting them regarding your complaint? (Check **YES** or **NO**.)

Name	Mailing address and telephone number	Relationship to your complaint	Do they know we will be contacting them?	
			YES	NO

10. Have you attempted to resolve the issues in this complaint with the Respondent shown on page 1, in Section 3? Yes No

If you answered YES, please answer the following questions.

a. Was your complaint in writing? Yes No

b. On what date did you file the complaint? _____

c. Where did you file your complaint?

Name of the agency, one-stop operator, service provider or other office:

Street address or post office box: _____

City: _____, Florida ZIP code: _____

Phone number: [] _____

Contact person (if known): _____

d. Have you been provided a final decision or report? Yes No

Please attach a copy.

11. Is a complaint or lawsuit about the issues identified in this complaint currently open with any of the following?

• Florida Commission on Human Relations Yes No

• U. S. Equal Employment Opportunity Commission Yes No

• Civil Rights Center, U.S. Department of Labor Yes No

• Office for Civil Rights, U.S. Department of Education Yes No

• Office for Civil Rights, U.S. Department of Health and Human Services Yes No

• Civil Rights Division, U. S. Department of Justice Yes No

• Federal or State Court Yes No

Another federal, state or local agency Specify: _____

Address: _____

City: _____ State: _____ ZIP code: _____

12. Provide any other information that could help in an investigation of this complaint.

13. Choosing a Personal Representative.

- You may choose to have someone else represent you in dealing with this complaint. It may be a relative, a friend, a union representative, an attorney or someone else.
- If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative.

Do you want to authorize someone to be your personal representative in dealing with this complaint?

Yes No

If YES, complete the section below. **If NO**, go to the next page.

Authorization of a Personal Representative

I wish to authorize the individual named below to act on my behalf as my Personal Representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.

Name: _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____

Phone number: (____) _____ Fax number: (____) _____

E-mail address: _____

Signature of Complainant: _____ Date: _____

Agreement by Your Personal Representative

As the individual identified above, I agree to be the Personal Representative for the Complainant in this case. I further agree to honor all requirements and agreements for confidentiality.

I **am** / **am not** an attorney representing the Complainant.

Signature of Representative _____ Date: _____

:

OCR use only. Case No.: _____

14. Mediation Election

Notice: You must indicate whether you wish to mediate your case by initialing YES or NO in the spaces provided below. The OCR cannot begin to process your complaint until you have made this selection.

Why Choose Mediation?

- Mediation is an alternative to having your complaint investigated.
- Neither party [you (the Complainant) nor the Respondent] loses anything by attempting to reconcile differences through mediation.
- The mediator does not draw conclusions or prescribe remedies. The parties to the complaint (the Complainant and the Respondent) review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both. Mediation puts the power to resolve the complaint in the hands of those most able to arrive at such a satisfying conclusion. Here are the advantages:
 - Agreement to mediate is not a confession of guilt by the Respondent: it is simply an agreement to attempt resolution without time-consuming and expensive investigation or court involvement.
 - Mediation is conducted by a trained, qualified and impartial mediator.
 - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
 - The mediation process encourages honest communication because it is private.
 - **Terms of the agreement are signed by the Complainant and Respondent, or respective representatives, before leaving the mediation.**
 - **Agreements are legally binding on both parties.**
 - If no agreement is reached, formal investigation resumes immediately.
 - A new investigation will be opened if failure to keep agreements is reported.
 - A formal investigation will be opened if retaliation is reported.

Do you wish to try to mediate your complaint before a formal investigation is undertaken?

(Place your initials in the blank next to "Yes" or "No" below.)

_____ **YES**, I want to mediate. _____ **NO**, please investigate.

If you select "YES," indicating that you DO wish to mediate, you will be contacted within 5 business days with more information.

OCR use only. Case No.: _____

15. Personal Information and Disclosure of Your Identity.

Please read the following. Then complete Section A or Section B, below.

I have read the *Notice About Investigatory Uses of Personal Information* supplied on the cover of this package. I understand the following provisions of the Privacy Act, Freedom of Information Act and the Florida Government in the Sunshine Law, which apply to personal information I reveal to the OCR with my complaint:

1. In the course of investigating my complaint, the OCR may have to reveal my identity to staff of the program or person named in my complaint in order to obtain facts and evidence regarding my complaint.
2. I do not have to reveal any personal information to the OCR, but the OCR may close my complaint if I refuse to reveal information needed to fully investigate my complaint.
3. Once the investigation is completed, I may request and receive a copy of any personal information the OCR keeps in my complaint file for investigatory uses.
4. Under certain conditions, the OCR may be required by the Freedom of Information Act or the Florida Government in the Sunshine Law to reveal to others personal information I have provided in connection with my complaint.

SECTION A

 THE OCR MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY
YES COMPLAINT. I have read and understand the notice, and I consent for the OCR to process my complaint.

Name (*Please print or type*)

Signature

Date

SECTION B

 THE OCR MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS
NO MY COMPLAINT. I have read and understand the notice, and I do not consent for the OCR to disclose my identity during investigation of my complaint.

I request that the OCR process my complaint, however, I understand that the OCR may close my complaint if it cannot fully investigate without disclosing my identity. I also understand the OCR may close my complaint if it cannot begin an investigation because I have not consented for OCR to reveal my identity.

Name (*Please print or type*)

Signature

Date

OCR use only. Case No.: _____

16. Signatures.

You must sign or initial these sections for your complaint to be processed!

- Section 13 (on page 5) - Choosing a Personal Representative
(Sign Section 13 only if you are appointing a Personal Representative.)
- Section 14 (on page 6) - Mediation Election (Initial YES or NO)
- Section 15 (on page 7) - Personal Information and Disclosure of Your Identity
(Signature in Section 15 is required for all complaints.)

and you must sign and date below.

- Your signature here serves as your authorization for the OCR to process this complaint.
- Faxed or otherwise electronically delivered complaints will be logged into our system, but official investigation cannot begin until the original, signed copy is received.

Signature

Date

- **The OCR encourages you to make at least one complete copy of this package and keep it for your information.**
- **If you are choosing a Personal Representative, give a copy to that individual, too.**
- **Detach the *NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION* (pages i through iii of this complaint package) before submission.**

THIS SECTION IS FOR OCR USE ONLY.

- | | |
|--|--|
| <input type="checkbox"/> AWI | <input type="checkbox"/> Early Learning/Voluntary Pre-Kindergarten |
| <input type="checkbox"/> RWB | <input type="checkbox"/> Older Americans |
| <input type="checkbox"/> One Stop Center/location | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Wagner-Peyser |
| <input type="checkbox"/> Vocational/ Technical Education Program | <input type="checkbox"/> Workforce Investment Act Title I |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Welfare Transition |
| <input type="checkbox"/> Other | <input type="checkbox"/> Youth |

Employment related

- | | |
|--|--|
| <input type="checkbox"/> Access/Accommodation | <input type="checkbox"/> Layoff / RIF |
| <input type="checkbox"/> Application/Process | <input type="checkbox"/> Performance appraisal |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Political affiliation or belief |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Disciplinary action | <input type="checkbox"/> Reassignment/Transfer |
| <input type="checkbox"/> Harassment/Intimidation | <input type="checkbox"/> Recall from RIF |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Testing/Qualifications |
| <input type="checkbox"/> Job assignment | <input type="checkbox"/> Termination/Dismissal |
| <input type="checkbox"/> Job classification | <input type="checkbox"/> Training |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Wages/Pay decision |

Service-delivery related

- | | |
|--|--|
| <input type="checkbox"/> Access/Accommodation | <input type="checkbox"/> Political affiliation or belief |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Placement |
| <input type="checkbox"/> Eligibility determination | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Harassment/Intimidation | <input type="checkbox"/> Selection/Enrollment |
| <input type="checkbox"/> Interviewing | <input type="checkbox"/> Testing/Assessment |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Training program/Institution |
| | <input type="checkbox"/> Transportation |

Comments:

Case No.: _____