**Fresno Regional Workforce Development Board Discrimination Complaint**

**Please print or type all information. If you require assistance in filing out this form, please ask for help from any Workforce Connection staff or contact the**

**Fresno Regional Workforce Development Board at 559-490-7100.**

The individual named below requests resolution of this complaint by (check one):

Informal Conference

Mediation

Formal Conference

COMPLAINANT INFORMATION:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Miss  Ms.  Mrs. Mr.  Other | | | | | | | | | | Home Phone: | (     )      - |
|  | |  | | | | | | | | Work Phone: | (     )      - |
| Name: | | | |  | | | | | | Cell: | (     )      - |
| Street Address: | | | | | |  | | | | | |
| City: |  | | | | | | | Email: |  | | |
| State: | | |  | | Zip Code: | |  | | | | |

INFORMATION CONCERNING THE PERSON(S) WHO YOU CLAIM DISCRIMINATED AGAINST YOU:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provide the name of the entity where person(s) work(s): | | | | | | | |
| Name of person(s) who discriminated against you: | | | | | | | |
| Address of person(s)/entity: | | | |  | | | |
| City: |  | | | | | State: | ZIP Code: |
| Date of first occurrence: | |  |  | | Date of most recent occurrence: | | |

NATURE OF DISCRIMINATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age- *provide date of birth:* | |  | Citizenship | |
| Color | | | Disability | |
| National Origin (Including limited English proficiency) | | | Religion  Harassment | |
| Retaliation  Gender - *Specify*   F  M | | | Sex (including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status | |
| Race - *indicate race:* |  | | Status as a program participant under the *Workforce Innovation and Opportunity Ac*t | |
| Political Affiliation or Belief | | | Other *(Specify*): |  |

State concisely the facts that constitute your complaint or grievance (attach additional pages if needed):

|  |
| --- |
|  |

What is the solution that you are seeking?

|  |
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|  |

Were you provided with a copy of the Fresno Regional Workforce Development Board’s Summary Discrimination Complaint Procedures? YES  NO

CHOOSING A PERSONAL REPRESENTATIVE:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you want to authorize a personal representative to handle this complaint? | | | | | | | | | | **Yes**  **No** | |
| **If YES**, complete the section below. | | | | | | | | | | | |
| AUTHORIZATION OF PERSONAL REPRESENTATIVE | | | | | | | | | | | |
| I wish to authorize the individual identified 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 : | | (     )      - | | | Fax: | (     )      - | | | | | |
| Email: | | | |  | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Complainant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

(if Complainant is under 18 years of age)

When completed, you may give this form to a member of the Workforce Connection staff, or mail the form to either of the addresses below:

|  |  |  |
| --- | --- | --- |
| Fresno Regional Workforce Development Board  Attention: Equal Opportunity Officer  2125 Kern Ave, Suite 208  Fresno, CA 93721 | **OR** | United States Department of Labor  The Director, Civil Rights Center  200 Constitution Avenue NW, Room N-4123  Washington DC 20210 |