



## Discrimination Complaint Information Form

Please read this form carefully. Type or print your answers. Answer each question as completely as possible. If you cannot fit your whole answers in the space on this form, you may add more pages.

Complainant's Information	Respondent's Information
1. Name of Complainant	2. Provide Name of Agency involved
1a. Address (No. St. City, State, Zip Code)	2a. Agency Address (No. St. City, State, Zip Code)
1b. Phone Numbers Home: Work: Mobile:	2b. Agency Contact Information Phone: Fax: Email:

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection, on what date(s) did the discrimination take place?

Date of first occurrence: \_\_\_\_\_

Date of most recent occurrence: \_\_\_\_\_

5. Have you ever attempted to resolve this complaint at the local level? Yes  No

a. Have you been provided with a final decision at the local level? Yes  No

Date of decision (if any): \_\_\_\_\_

b. Have 90 days elapsed since you filed or attempted to file this complaint at the local level? Yes  No

Date you filed or attempted to file your complaint at the local level: \_\_\_\_\_

6. Explain as briefly and clearly as possible what happened and how you are discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, please attach any written material pertaining to your case.

For CDLE or CRC use only

CIF Received by CDLE or CRC: \_\_\_\_\_ Accepted  Not Accepted  Case Number: \_\_\_\_\_

By: \_\_\_\_\_

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7. To the best of your knowledge, which of the following Department of Labor programs were involved?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Workforce Innovation and Opportunity Act (WIOA) | <input type="checkbox"/> OSHA  | <input type="checkbox"/> Job Corps               |
| <input type="checkbox"/> Dislocated Worker                               | <input type="checkbox"/> Employment Service                            | <input type="checkbox"/> Apprenticeship          |
| <input type="checkbox"/> Trade Act Program (TAA)                         | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Older Americans Program |
| <input type="checkbox"/> Reemployment Services-UI (RESEA)                | <input type="checkbox"/> Unemployment Insurance                        | <input type="checkbox"/> Youth Program           |
|  |  | <input type="checkbox"/> Other: Specify _____    |
- 

8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Race: Specify _____  | <input type="checkbox"/> Disability: Specify _____            |
| <input type="checkbox"/> Color: Specify _____   | <input type="checkbox"/> Political Affiliation: Specify _____ |
| <input type="checkbox"/> Religion: Specify _____  | <input type="checkbox"/> Citizenship: Specify _____           |
| <input type="checkbox"/> National Origin: Specify _____   | <input type="checkbox"/> Reprisal/Retaliation: Specify _____  |
| <input type="checkbox"/> Sex: Specify Male <input type="checkbox"/> Female <input type="checkbox"/> | <input type="checkbox"/> Other: Specify _____                 |
| <input type="checkbox"/> Age: Date of Birth: _____  |   |
- 

9. Do you think the discrimination against you involved: (Check one)

Your job or seeking employment?

OR

Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hiring for a job      | <input type="checkbox"/> Grievance Procedure           | <input type="checkbox"/> Enrollment                    |
| <input type="checkbox"/> Transition            | <input type="checkbox"/> Layoff/Furlough               | <input type="checkbox"/> Referral to a job or services |
| <input type="checkbox"/> Wages                 | <input type="checkbox"/> Recall (from Layoff/Furlough) | <input type="checkbox"/> Exclusion                     |
| <input type="checkbox"/> Job Classification    | <input type="checkbox"/> Seniority                     | <input type="checkbox"/> Placement in education        |
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Harassment                    | <input type="checkbox"/> Benefits                      |
| <input type="checkbox"/> Promotion             | <input type="checkbox"/> Access/Accommodation          | <input type="checkbox"/> Performance Appraisal         |
| <input type="checkbox"/> Training              | <input type="checkbox"/> Union Representation          | <input type="checkbox"/> Discipline/Reprimand          |
| <input type="checkbox"/> Transfer              | <input type="checkbox"/> Union Activity                | <input type="checkbox"/> Intimidation/Reprisal         |
| <input type="checkbox"/> Qualification/Testing | <input type="checkbox"/> Application                   | <input type="checkbox"/> Other: Specify _____          |
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10. Why do you believe these events occurred?

  

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11. What other information do you think is relevant to our investigation?

  

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12. If this complaint is resolved to your satisfaction, what remedies do you seek?

  

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13. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name	Address	Telephone Number

14. Do you have an attorney?  Yes  No

If yes, please provide name, address and phone number:

Attorney Name	Address	Telephone Number

15. Have you filed a case or complaint with any of the following?

- Civil Rights Division, U.S. Department of Justice     
  U.S. Equal Employment Opportunity Commission  
 Civil Rights Center, U.S. Department of Labor     
  Colorado Civil Rights

16. For each item checked in #15 above, please provide the following information:

Agency:		
Date Filed:		
Case or Docket Number:		
Date of Trial or Hearing:		
Location of Agency or Court:		
Name of Investigator:		
Status of Case:		
Comments:		

17. Sign (Complaint is NOT VALID unless signed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Colorado Dept. of Labor and Employment (CDLE)**  
**NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION**

Two Federal laws govern personal information to the Colorado Dept. of Labor and Employment or the CRC, the Privacy Act of 1974, (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C. 552) or "FOIA". The Colorado Open Records Act, C.R.S. § 24-72-201 to 206, also may apply. Please read the description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, 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 CDLE or the CRC in connection with a discrimination complaint should know the following:

- CDLE or the CRC has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. CDLE is also authorized to conduct reviews of some federal funded programs to assess their compliance with civil rights laws.
- Information that CDLE or the CRC collects is analyzed by authorized personnel with CDLE or CRC. This information may include personnel or program participant records, and other personal information. CDLE or CRC 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 CDLE or CRC determine whether applicable statutes or policies have been violated. Such information could include, for example, the physical condition or age of a complainant. CDLE or CRC may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act or Colorado Open Records Act (CORA).
- Information submitted to CDLE or CRC may also be revealed to persons outside of CDLE or CRC because it is necessary in order to complete enforcement proceedings against a program that CDLE or CRC finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. In these matters, CDLE or CRC requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws, regulations and state policies. CDLE or CRC 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 Freedom of Information Act.
- No law requires that a complainant reveal personal information to CDLE or CRC, and no action will be taken against a person who denies CDLE or CRC's request for personal information. However, if CDLE or CRC cannot obtain the information needed to fully investigate the allegations in the complaint, CDLE or CRC may close the investigation.
- Any person may ask for, and receive, copies of all personal materials the CDLE or CRC investigator keeps in his or her file for investigatory use.

AS A POLICY, CDLE or CRC DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. CDLE never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave CDLE or CRC written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request and receive information from many types of records kept by the Federal government-not just materials that apply to them personally. The Colorado Dept. of Labor and Employment or CRC must honor most requests for information submitted under FOIA or CORA, but there are exceptions.

- CDLE or CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit CDLE's ability to do its job effectively; and
- CDLE or CRC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO CDLE, WITH YOUR SIGNED COMPLETED COMPLAINT INFORMATION FORM.

## CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to CDLE or the Civil Rights Center in connection with my complaint:

In the course of investigating my complaint, CDLE or CRC may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to CDLE or CRC, but CDLE or CRC may close my complaint if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information CDLE or CRC keeps in my complaint file for investigatory uses; and

Under certain conditions, CDLE or CRC may be required by the Freedom of Information Act or Colorado Open records Act or other federal or state statute to reveal to others personal information I have provided in connection with my complaint.

### SECTION A

YES, CDLE or CRC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for CDLE or CRC to disclose my identity during investigation of my complaint.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### SECTION B

NO, CDLE or CRC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for CDLE or CRC to disclose my identity during investigation on of my complaint. I request that CDLE or CRC process my complaint, however, I understand that CDLE or CRC may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand CDLE or CRC may close my complaint if it cannot begin an investigation because I have not consented for CDLE or CRC to reveal my identity.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Completing this form is voluntary; however, the requested information must be provided in order to file a complaint of discrimination. The CDLE Equal Opportunity Office or CRC will use the information to investigate your complaint of discrimination.