WE ARE YOUR DOL

NEW YORK STATE | Department of Labor

Customer Complaint Information Form

Complaint number:

Instructions: If you have a complaint, please complete this form and submit it to Career Center staff. If this is a discrimination complaint, you must either submit this form to the Career Center Equal Opportunity officer, or send it to: **New York State Department of Labor, Division of Equal Opportunity Development, State Office Campus, Building 12, Room 540, Albany, NY 12226**.
If needed, attach extra pages and any documents about your claim.

1. **Complainant** (fill in **your** information)
   First name _____ MI _____ Last name _____

   Address _____ City _____ State _____ Zip _____

   Alternative address (if applicable) _____

   SSN (Optional) _____ Home telephone (____) _____ Alternate telephone (____) _____

   E-mail address _____

   What are the most convenient time and method for us to contact you about this complaint? _____

   I give my consent to share information regarding this complaint to (list name(s) of family members, friends etc. that can receive information regarding your complaint): _____

2. **Respondent** (fill in the information for the subject of your complaint)
   Agency, business or employee you are making complaint against: _____

   Address _____ City _____ State _____ Zip _____

   Telephone (____) _____

   2a. Is the respondent a Career Center? ☐ Yes ☐ No

   If yes, is this complaint regarding ☐ Training ☐ Customer Service ☐ Other _____

   2b. Is the respondent a business? ☐ Yes ☐ No

   If yes, were you referred to this business by Career Center staff? ☐ Yes ☐ No If yes, when? _____

   2c. Is the respondent a Farm? ☐ Yes ☐ No

   2d. What is your complaint about (check all that apply)?

   ☐ Wages/unpaid wages ☐ Child Labor ☐ Health and Safety ☐ Working Conditions ☐ Housing ☐ Transportation

   ☐ Meals ☐ Pesticides ☐ Other _____

   2e. Is your complaint about discrimination? ☐ Yes ☐ No

3. Briefly describe your complaint. Be as clear as possible. If you believe you were discriminated against, please describe in detail how this happened.

   a. What happened? _____

   b. Who was involved? (Witnesses, fellow employees, supervisors, etc.) Provide name, address and telephone number, if known.

   c. When and where did it happen (include date)? _____

   d. If you believe you were treated differently, describe how. _____

4. Were you offered employment services? ☐ Yes ☐ No

5. How would you like this complaint to be resolved? _____

If this is a discrimination complaint, fill out numbers 6-10. If this is not a discrimination complaint, go to number 11.

6. Check all that apply.

- ☐ Race (specify) _____
- ☐ Color (specify) _____
- ☐ Religion (specify) _____
- ☐ National Origin (specify) _____
- Sex ☐ Male ☐ Female
- ☐ Arrest & conviction record (specify) _____
- ☐ Disability (specify) _____
- ☐ Marital status (specify) _____
- ☐ Citizenship (specify) _____
- ☐ Genetic predisposition & carrier status (specify) _____
- ☐ Sexual harassment _____
- ☐ Veteran status (specify) _____
- ☐ Age (specify date of birth) ____/____/____
- ☐ Sexual orientation _____
- ☐ Political affiliation (specify) _____
- ☐ Victim of Domestic Violence _____
- ☐ Reprisal/retaliation (specify) _____
- ☐ Other (specify) _____

7. Why do you believe these events happened? _____

_____

8. Do you have an attorney or other representative for this complaint? ☐ Yes ☐ No If "Yes," please fill out the following:

Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

9. Have you filed a case or complaint about this incident with any of the following?

- ☐ US Dept. of Justice, Civil Rights Division
- ☐ NYS Dept. of Labor, Division of Equal Opportunity Development
- ☐ US Equal Employment Opportunity Commission
- ☐ NYS Division of Human rights
- ☐ US Dept. of Labor, Civil Rights Center
- ☐ Federal or State Court
- ☐ Other _____

10. For each agency checked in number 9, please fill out the following information:

Agency _____ Date Filed ____/____/____
Case or docket no. _____
Date of trial or hearing _____
Location of agency or court _____
Name of investigator _____
Status of case _____
Comments _____
_____

Agency _____ Date Filed ____/____/____
Case or docket no. _____
Date of trial or hearing _____
Location of agency or court _____
Name of investigator _____
Status of case _____
Comments _____
_____

11. I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.

_____ _____
Complainant Signature Date

Staff receiving complaint _____ _____
(Print Name) Signature Date

Career Center _____ Telephone (____) _____

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.