

WE ARE YOUR DOL



A proud partner of the American Job Center network

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 12240.** 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) _____
- Religion (specify) _____
- Sex Male Female
- Disability (specify) _____
- Citizenship (specify) _____
- Sexual harassment _____
- Age (specify date of birth) ____ / ____ / ____
- Political affiliation (specify) _____
- Reprisal/retaliation (specify) _____
- Color (specify) _____
- National Origin (specify) _____
- Arrest & conviction record (specify) _____
- Marital status (specify) _____
- Genetic predisposition & carrier status (specify) _____
- Veteran status (specify) _____
- Sexual orientation _____
- Victim of Domestic Violence _____
- 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
- US Equal Employment Opportunity Commission
- US Dept. of Labor, Civil Rights Center
- Other _____
- NYS Dept. of Labor, Division of Equal Opportunity Development
- NYS Division of Human rights
- Federal or State Court

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 _____
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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 (____) _____