

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE I DISCRIMINATION COMPLAINT LOG INSTRUCTIONS

The following table provides directions for entering discrimination complaint data into **Attachment A – WIOA Title I Discrimination Complaint Log** provided by the New York State Department of Labor’s (NYSDOL) Division of Equal Opportunity Development (DEOD).

Questions regarding the directions, formatting or maintenance of Attachment A, or the entities that are required to maintain the log, should be directed to [DEOD@labor.ny.gov](mailto:DEOD@labor.ny.gov) or (518) 457-1984.

<b>Discrimination Complaint Log Fields</b>			
<b>Column</b>	<b>Column Name</b>	<b>Data Entry</b>	
<b>A</b>	Date Complaint was Filed	Date complaint was filed. Format MM/DD/YY. <b>Example</b> - 06/02/24	
<b>B</b>	Name of Complainant	Complete name of individual filing complaint	
<b>C</b>	Address of Complainant	Complete address of complainant	
<b>D</b>	Status of Complainant	<b>Employee</b>	Current or former employee of, and/or applicant for employment with, respondent.
		<b>Student</b>	Current or former Job Corps Center student/enrollee.
		<b>WIOA Participant</b>	Individual who has been determined eligible to participate in, and who is receiving aid, benefits, services, or training under, a program or activity financially assisted in whole or in part under Title I of the Workforce Innovation and Opportunity Act, or provided through the Workforce Development System by a One-Stop partner as the latter term is defined in WIOA Section 121(b).
		<b>Customer</b>	Either (a) An individual who has not yet become either an applicant or a WIOA participant, as defined in this chart, but who has come into contact with the recipient because of interest in a program or activity that is either financially assisted under

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			WIOA Title I or provided through the Workforce Development System by a One-Stop partner; or (b) An employer or employer representative that is seeking or receiving employer services that are authorized under WIOA, such as customized recruitment and referral services or other employment-related services, from or through the recipient.
		<b>Applicant</b>	An individual who is interested in being considered for WIOA Title I-financially assisted aid, benefits, services, or training, and who has signified that interest by submitting personal information in response to a request by the recipient..
		<b>Service Provider</b>	Any “operator of, or provider of aid, benefits, services, or training to”: <ul style="list-style-type: none"> <li>• Any WIOA Title I-financially assisted program or activity that receives financial assistance from or through any State or Local Workforce Development Area (LWDA) grant recipient; or</li> <li>• Any participant through that participant’s Individual Training Account (ITA); or</li> <li>• Any entity that is selected and/or certified as an eligible provider of training services to recipients.</li> </ul>
		<b>Non-Customer</b>	Person who has filed a complaint and who is not a customer, applicant, student, employee, WIOA participant or service provider, as defined above.

<b>E</b>	USDOL-Funded Program	<p>For complaints involving one or more of the programs listed below that receive financial assistance from the United States Department of Labor (USDOL), enter the letters designating the program(s).</p> <ul style="list-style-type: none"> <li>• Program authorized under WIOA Title I (WIOA)</li> <li>• Employment Services Program (ES)</li> <li>• Unemployment Insurance Program (UI)</li> <li>• Job Corps (JC)</li> <li>• Trade Adjustment Act Program (TAA)</li> </ul> <p>For complaints involving another program or activity, or for which the program or activity is unknown, enter NON (for “Non-USDOL-funded program”).</p>
<b>F</b>	Date of Alleged Discriminatory Incident	Date of the last allegedly discriminatory incident. Format: MM/DD/YY. <b>Example</b> - 06/02/24.
<b>G</b>	Grounds (Bases) of Complaint	<p>Enter grounds (bases) of discrimination alleged in complaint: race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship, or participation in any WIOA Title I-financially assisted program or activity. See 29 CFR 38.5. Examples: sex (F); race (White); national origin (Arab).</p> <p>Please note that collection of race and ethnicity data must be consistent with Office of Management and Budget (OMB) guidance available online at <a href="https://www.whitehouse.gov/wp-content/uploads/legacy_drupal_files/briefing-room/presidential-actions/related-omb-material/w_e_iwg_faqs_talking_points_022317.pdf">https://www.whitehouse.gov/wp-content/uploads/legacy_drupal_files/briefing-room/presidential-actions/related-omb-material/w_e_iwg_faqs_talking_points_022317.pdf</a> (see 29 CFR 38.41(d)).</p>
<b>H</b>	Description of Complaint/Issue	Enter a brief description of the allegedly discriminatory conduct. <b>Examples:</b> denial of training; racial slurs; sexual harassment; denial of services; hostile work environment.
<b>I</b>	Name of Respondent	The person or entity alleged to have committed the discriminatory act, or to be responsible for the alleged discrimination. Identify the Respondent. If a person, provide that person’s name, if known, or position. If an entity, provide the entity’s title.
<b>J</b>	Is Respondent a recipient?	<p>Enter either “<b>Yes</b>” or “<b>No.</b>” A recipient is any entity to which financial assistance under WIOA Title I is extended, either directly from USDOL or through a State’s Governor or another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIOA Title I-financially assisted program or activity. See definition of “beneficiary” in 29 CFR 38.4.</p> <p>In instances in which a Governor operates a program or activity, either directly or through a State agency, using discretionary funds apportioned to him or her under WIOA</p>

		<p>Title I (rather than disbursing the funds to another recipient), the Governor is also a recipient.</p> <p>“Recipient” includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>(1) State-level agencies that administer, or are financed in whole or in part with, WIOA Title I funds or financial assistance;</li> <li>(2) State Employment Security Agencies;</li> <li>(3) State and Local Workforce Development Boards (LWDBs);</li> <li>(4) Local Workforce Development Area (LWDA) grant recipients;</li> <li>(5) One-Stop Operators;</li> <li>(6) Service providers, including eligible training providers;</li> <li>(7) On-the-Job Training (OJT) employers;</li> <li>(8) Job Corps contractors and center operators, excluding the operators of Federally-operated Job Corps centers;</li> <li>(9) Job Corps national training contractors;</li> <li>(10) Outreach and admissions agencies, including Job Corps contractors that perform these functions;</li> <li>(11) Placement agencies, including Job Corps contractors that perform these functions; and</li> <li>(12) Other programs receiving Federal funds or other financial assistance under Title I, Subtitle D, of WIOA directly from USDOL. Such programs include, but are not limited to, Job Corps, the Migrant and Seasonal Farmworkers Programs, Indian and Native American Programs, and Veterans' Workforce Development Programs.</li> </ol> <p>In addition, One-Stop partners, as defined in section 121(b) of WIOA, are treated as “recipients,” to the extent that they participate in the Workforce Development System established by WIOA.</p>
<b>K</b>	Date Completed	Enter date of completion described in Column L (Results/Actions). Format: MM/DD/YY. <b>Example - 06/02/24.</b>
<b>L</b>	Results/Actions	Enter a description of the results/actions of the complaint (the outcome of the complaint processing procedure). <b>Examples:</b> Settled; Resolved; No Probable Cause; Withdrawn, etc.
<b>M</b>	Referred To	New York State Division of Human Rights, US Equal Employment Opportunity Commission, USDOL, USDOL’s Civil Rights Center (CRC), Other-Please Specify.
<b>N</b>	ADR	Enter “ <b>Yes</b> ” if complaint was processed utilizing an Alternative Dispute Resolution (ADR) procedure, or “ <b>No</b> ” if not.
<b>O</b>	Date Appeal Sent	Enter date Appeal was sent to USDOL’s CRC Director. Format: MM/DD/YY. <b>Example - 06/02/24.</b>
<b>P</b>	Person Performing Review	Person assigned to investigate the complaint. Example: WIOA State-Level Equal Opportunity (EO) Officer or LWDA EO Officer.