



Policy:	Customer Concern and Complaint Resolution
Number:	1012 – 1, Revision 5
Effective:	June 30, 2016 Last Updated: August 2, 2021

1. PURPOSE

To encourage prompt resolution of all customer concerns, provide minimum expectations for coordination and collaboration among partners, and to clarify Northwest Workforce Council's (NWC) oversight role in the customer concern and complaint system.

2. BACKGROUND

Federal law and regulations require procedures for handling complaints alleging violation of WIOA Title 1, Wagner-Peyser (including TAA), and Non-Discrimination laws. The complexity of these procedures, and the resulting silos, may prevent partners from assisting all customers who have service delivery or customer service-related concerns before they rise to the level of a formal, written complaint. The lack of standard expectations for handling concerns limits prompt and informal resolution and may unnecessarily increase the number of formal, written complaints.

This policy provides standard expectations for processing customer concerns and formal complaints. In so doing, it creates distinct definitions of customer "concern" and customer "complaint." Minimum requirements are established for referring complaints to partners located at one-stop centers and affiliates for additional processing and resolution.

The oversight responsibility of Northwest Workforce Council is also clarified when dealing with complaints from "other interested parties affected by the local Workforce Investment System, including One-Stop partners and service providers" as described in 20 CFR 683.600 et seq. The state has determined that allegations concerning WorkSource Center and Affiliated partners that do not fall under the defined program and non-discrimination processes described in the attached WorkSource Complaint Handbook shall be processed as concerns.

3. POLICY

a. NWC Oversight of the Concern and Complaint System

WorkSource partners must provide immediate and consistent processing of customer concerns and customer complaints. The local Workforce Development Board (LWDP) is responsible to:

- Designate at least one local complaint coordinator, delegated the responsibility of tracking all local complaints;
- Establish an expectation that local complaint contacts shall collaborate when complaints present allegations involving multiple partners;
- Establish that the local EO Officer is delegated the responsibility of tracking and processing local discrimination complaints;
- Require informal resolution for customer concerns;

- Assure all WorkSource system partners inform the local complaint coordinator of all local complaints concerning WorkSource Centers and Affiliated Sites, from point of entry to resolution;
- Include the minimum complaint processing requirements contained in the [WorkSource Program Complaint Handbook](#) and the [WorkSource System Discrimination Complaint Processing Handbook](#)
- Establish a single system to log, and track to closure, all complaints defined in the WorkSource Program Complaint Handbook and the Discrimination Complaint Processing Handbook.

b. Local Customer Concern Resolution

Concerns expressed by customers through any means must first be processed at the local level prior to any state level intervention. The intent is to enable a partner(s) to assist customers at the lowest level possible, which will encourage the prompt and informal resolution of concerns.

c. Complaint Jurisdiction

All partners located at WorkSource Centers, Affiliated Sites or elsewhere are responsible for the outcomes of complaints that fall within their jurisdiction. Determinations of jurisdiction will be made based on the specific funding stream that supports the function tied to the complaint allegations, not based on associations other than funding sources. However, collaboration is essential when a complaint presents allegations that cross jurisdictional boundaries. All partners are expected to collaborate and be responsible to the needs of all WorkSource customers.

d. Confidentiality

The identity of complainants and any persons who furnish information relating to, or assisting in, an investigation of a complaint must be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of the complaint.

DEFINITIONS:

NOTE: For a complete list of definitions refer to the attached Handbook.

Discrimination Complaints – alleged violations of law(s) that prohibit discrimination against any individual on the basis of 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, or for any beneficiary of, applicant to, or participant in programs in any WIOA Title I-financially assisted program or activity. Washington State law also prohibits discrimination in employment and public accommodation based on citizenship or immigration status, families with children, marital status, sexual orientation, honorably discharged veteran or military status, and the use of a trained guide dog or service animal by a person with a disability.

Discrimination complaints are processed in accordance with [Washington State Employment Security Department WorkSource System Policy 1017](#).

Program Complaint – the submission of a written and signed allegation that falls under the jurisdiction of WIOA Title I, Wagner-Peyser and TAA requirements as noted in the [WorkSource Program Complaint Handbook](#). Program complaints allege a violation of a law, regulations or policy connected to Wagner-Peyser, WIOA or TAA programs, but do not allege discrimination. All program complaints must be filed within one year of the alleged date of the incident (except Wagner-Peyser, which requires the complaint be filed within two years of an incident).

Complaint Contact – The Program management or staff designated by program Administrators responsible for processing program complaints. Northwest Workforce Council Equal Opportunity officers or the State Equal Opportunity Officer may serve as a complaint contact for discrimination complaints. The LWDB may also choose to appoint the One-Stop Operator to initially assist all customers interested in filing a complaint at a local WorkSource Center or Affiliated Site office and determine partner(s) program’s complaint jurisdiction if a complaint is subsequently filed.

Complaint Coordinator – Northwest Workforce Council’s designated single point(s) of contact for the WDA or each WorkSource Center and Affiliated Site. The Complaint Coordinator is responsible for facilitating the initial process and promoting coordination to resolve all complaints.

Concern – Any verbal expression of dissatisfaction or any written expression of dissatisfaction other than alleged violations of program or non-discrimination rules or laws. Concerns must be referred but do not require the same formal process as a complaint (i.e., logging, tracking, etc.). Concerns should be resolved at the lowest level possible.

SUPERSEDES:

NWC Initial Customer Complaint Policy 1012-1: Revision 4

REFERENCES:

- CFR Part 38
- RCW 49.60
- [Washington State Employment Security Department WorkSource System Policy 1012, Revision 2](#)
- [Washington State Employment Security Department WorkSource System Policy 1017](#)
- [WorkSource Program Complaint Handbook](#)
- [WorkSource System Discrimination Complaint Processing Handbook](#)

ATTACHMENTS:

- Attachment A: WIOA IB EO/Program Notifications
- Attachment B: Program Complaint Form – English
- Attachment C: Program Complaint Form – Spanish
- Attachment D: Discrimination Complaint Form – English
- Attachment E: Discrimination Complaint Form – Spanish

Attachment A:

Complaint and Hearing Procedures

The Northwest Workforce Council administers numerous Federal and State programs, including the Workforce Innovation and Opportunity Act, in Whatcom, Skagit, Island, and San Juan Counties. The Northwest Workforce Council has adopted policies and procedures to investigate and resolve complaints other than those alleging discrimination. There are several categories of complaints or grievances other than discrimination that an applicant, participant, or registrant may file including program complaints, complaints against an employer, and complaints alleging waste, fraud or abuse, and labor standards violations.

- 1) **Discrimination complaints** may be filed in accordance with procedures outlined in Northwest Workforce Council Policy 1012, Customer Concern and Complaint Resolution.
- 2) **Program complaints** may be filed when a participant, applicant, or registrant feels they have been deprived of the benefits assured under WIOA. These are complaints against the program and reflect potential violations of WIOA and related regulations.
 - A. Program complaints allege a violation of the WIOA, its regulations, or any grant or agreement under the Act, and must be filed in writing *within one year* of the alleged occurrence.
 - B. Program complaints can often be most effectively resolved through informal resolution by contacting the Complaint Coordinator.
 - C. *Note: A complaint cannot be processed as both a program complaint and as a discrimination complaint.*
- 3) With **employer complaints**, existing employer grievance or collective bargaining procedures must be used. Decisions may be reviewed through the Complaint Procedures in below. If no employer complaint procedures exist, the Complaint Procedures in below are used. Employer complaints generally relate to the terms and conditions of a participant's employment.
- 4) **Criminal complaints** or reports of alleged fraud, abuse or other criminal activities require immediate reporting to DOL's Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D.C. 20210.

Program Complaint Procedures: Complaints and requests for information should be sent to:

NWC
101 Prospect Street, PO Box 2009
Bellingham, WA 98227
Attention: Senior Leadership Staff /Complaint Coordinator
Phone: (360) 676-3207

- 1) Complainants will be advised, in writing, of the status of the complaint at each step of the process.
- 2) A written response will be sent to complainants within ten working days of receipt of any written complaint or attempt to file a complaint.
- 3) When further action is required by the complainant, s/he will be advised in writing of the action to be taken, timeframes for such action, and notice that failure to take such action without good cause may be considered as intent to withdraw the complaint.
- 4) All resolutions, agreements, or action affecting a complaint will be confirmed in writing.

- 5) Complainants have the right to request information/guidance on how to file a complaint or request for review; waive or postpone a scheduled hearing in order to pursue informal resolution; request with good cause that a hearing be rescheduled; and withdraw a complaint at any time.
- 6) *Informal resolution of complaints is readily available and includes an open discussion and review of issues to develop mutually acceptable solutions for all parties.*
- 7) Hearing notices will be sent to the complainant at least 15 calendar days prior to a scheduled hearing.
- 8) Hearing procedures will include:
 - a) Hearings are provided within 60 days of the receipt of a qualified complaint.
 - b) Impartial hearing examiners will be provided to conduct hearings on complaints
 - c) Hearings cover only those issues listed in the hearing notice
 - d) Full and complete records are kept of all hearing proceedings.
 - e) Individuals involved in hearings proceedings have the right to be represented by counsel or other authorized agents. The NWC is not liable for the costs of legal council or representation incurred by the complainant.
 - f) All parties have the right to question witnesses and other parties.
 - g) The burden of proof rests with complainants to demonstrate allegations are true and based on a preponderance of evidence.
 - h) A written decision will be issued within 60 days with findings of fact, conclusions of law, the decision, any relief requirements and/or corrective action, and the notice of the right and instruction on filing for a state review of the hearing decision.
 - i) Petitions for review of hearing decisions that are unsatisfactory to the complainant or late (beyond 60 days from complaint filing) must be received by the Employment Security Department within 15 days of the date on which the complainant received or should have received a decision. Additional information on this petition review procedure is available through the Complaint Coordinator.

A. I acknowledge that I have received a copy of the Notice of Right to File a Discrimination Complaint contained on page one (p.1) of this document.

B. I acknowledge that I have received a copy of the Complaint and Hearing Procedures contained on pages two and three (pp. 2-3) of this document.

Applicant/Trainee Signature

Date

Attachment B: Program Complaint Form -- English

Program Complaint/Apparent Violation Form

Complainant's Information

Last Name	First Name	MI
Address (No., St., City, State, Zip)		
Email		
Phone #	Alt. Phone #	

Respondent's Information

Name of Person Complaint is Against	
Name of Organization/Office	
Address (No., St., City, State, Zip)	
Phone #	Email

Description of the Complaint or Apparent Violation (Please explain the incident and circumstances)

Date of Incident

Desired Resolution (Please explain any resolution(s) you are seeking in response to this complaint)

Certification: I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other 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.

Can we share this complaint/information with the individual this complaint has been filed against? Yes No

Signature of Complainant (not required for Apparent Violations):

Date:

X

Staff Use Only

What program was involved in the alleged incident? (check all that apply)

<input type="checkbox"/> Employment Service <input type="checkbox"/> Against ESD <input type="checkbox"/> Against Employer <input type="checkbox"/> Alleged Violation of Wagner-Peyser Regulations Migrant or Seasonal Farm Worker (MSFW)	<input type="checkbox"/> Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program <input type="checkbox"/> Trade Adjustment Assistance (TAA) Program Other Program/Provider: _____
<input type="checkbox"/> Employment -Related Law Complaint <input type="checkbox"/> Alleged Violation of Employment – Related Law(s) Other: _____	<p>Note: Discrimination Complaints are documented using the complaint form in WSS Policy 1017, Discrimination Complaint Processing. Forward to EO Officer after logging.</p>

Referrals (if applicable):

Agency/Organization Receiving Referral	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Labor & Industries	Dept. of Health	Human Rights Commission
Agency Contact	Phone #	Email
Other: _____		

Actions taken on Complaint/Apparent Violation (use separate paper if additional space needed)

Action taken by: (first and last name)	On: (date)
<input type="checkbox"/>	<input type="checkbox"/>
Complaint/Apparent Violation resolved at local level? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain (use separate paper for additional space))	
Provided other services? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain (use separate paper for additional space))	

Name of Staff Person Receiving Complaint/Apparent Violation

Last Name	First Name	Office Address (No., St., City, State, Zip)
Phone #		Email

Staff Signature: X

Date:

Attachment C: Program Complaint Form -- Spanish

Información del Trabajador / Individuo		Información del Encuestado / Organización	
Apellido	Nombre	Nombre de la Persona de quien se Queja	
Dirección (Número, Calle, Ciudad, Estado, Código Postal)		Nombre de la Organización o Empleador	
Correo Electrónico		Dirección (Número, Calle, Ciudad, Estado, Zona Postal)	
Teléfono	Teléfono Alternativo	Teléfono	Correo Electrónico
Declaración de la Queja o Infracción Aparente (Por favor explique el incidente y circunstancias)			
Fecha del Incidente			
Resolución Deseada (Explique cualquier resolución que esté buscando en respuesta a esta queja.)			
Certificación: CERTIFICO que la información proporcionada es verdadera y precisa según mi leal saber y entender. AUTORIZO que se comparta esta información a otras agencias para la adecuada investigación de mi queja. ENTIENDO que mi identidad se mantendrá confidencial en la mayor medida posible, de acuerdo con las leyes que aplican y con una determinación justa de mi queja.			
¿Podemos compartir esta queja / información con la persona contra la que se ha presentado esta queja? Sí <input type="checkbox"/> No <input type="checkbox"/>			
Firma del Trabajador / Individuo: (No se requiere para Infracciones Aparentes)		Fecha:	
X			
Staff Use Only (Para Uso del Personal Solamente)			
What program was involved in the alleged incident? <input checked="" type="checkbox"/> Check all that apply			
<input checked="" type="checkbox"/> Employment Service (Wagner-Peyser) <input type="checkbox"/> Against ESD <input type="checkbox"/> Against Employer <input type="checkbox"/> Alleged Violation of Wagner-Peyser Regulations Migrant or Seasonal Farm Worker (MSFW)		<input type="checkbox"/> Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program <input type="checkbox"/> Trade Adjustment Assistance (TAA) Program <input type="checkbox"/> Other Program/Provider: _____	
<input type="checkbox"/> Employment-Related Law Complaint <input type="checkbox"/> Alleged Violation of Employment-Related Law(s) Other: _____		Note: Discrimination Complaints are documented using the complaint form in WSS Policy 1017, Discrimination Complaint Processing. Forward to EO Officer after logging.	
Referrals (if applicable):			
Agency/Organization Receiving Referral <input type="checkbox"/>		<input type="checkbox"/>	
Dept. of Labor & Industries	Dept. of Health	Human Rights Commission	Other: _____
Agency Contact		Phone #	Email
Actions taken on Complaint/Apparent Violation (use separate paper if additional space needed)			
Action taken by: (first and last name) <input type="checkbox"/>		On: (date) <input type="checkbox"/>	
Complaint/Apparent Violation resolved at local level? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain (use separate paper for additional space))			
Provided other services? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain (use separate paper for additional space))			
Name of Staff Person Receiving Complaint/Apparent Violation			
Last Name	First Name	Office Address (No., St., City, State, Zip)	

Staff Signature:
X

FORMULARIO PARA QUEJAS O INFRACCIONES APARENTES

Date Received:

Phone #

Email

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Attachment D: Washington Discrimination Complaint Form -- English

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

If a question or field has a star (*) next to it, you must answer that question. You do not have to answer the other questions, but if you do, it will help us to process your complaint. If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a".

***1. Are you the complainant or a representative of the complainant?** Please check the correct box.

Complainant Representative

2. Please give your name and contact information below. *If you are a representative of the complainant, give the complainant's name and contact information in this section, and your own name and contact information in section 2A.

Complainant's Name:

Street or Mailing Address, City, State, Zip Code:

Telephone number(s):

Email Address:

***2A. If you are the complainant's representative, please give your name and contact information in this section and attach a letter or other document signed by the complainant, authorizing you to serve as the complainant's representative.**

Representative's Name:

Representative's Organization (if any):

Street or Mailing Address, City, State, Zip Code:

Telephone number(s):

Email Address:

For the rest of the questions on this form, if you are filing this discrimination complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if they were filling out the form.

***3. This discrimination complaint is about something that happened to (please check the appropriate box):**

Only me Me and other people Other people, but
of me **am a:** Customer Employee Job
I pplicant

***4. Please give the name of the WorkSource Center, service provider, or organization that you are complaining about. If you have any contact information for the WorkSource Center, service provider, or organization, please give that information as well.**

Name of Office or Organization:

Street or Mailing Address, City, State, Zip Code:

Telephone Number(s):

Email Address:

***5. What program was involved in the discrimination you are complaining about? If you do not know the name of the program, and your discrimination complaint does not involve a WorkSource Center or a service provider, please check "Do not know".**

- Employment Service or Job Service
Migrant and Seasonal Farm Workers Program
- Trade Adjustment Assistance Program
Unemployment Insurance Benefit Program
- Workforce Innovation and Opportunity Act Program (Dislocated Worker, Adult,
Youth) Other (what program?) Do not know

***6. What person(s), if known, at the WorkSource Center, service provider or organization listed in response to question 4 above was engaged in the alleged discrimination?** If you need more space to list all the people, please attach more pages to this form.

Person's Name:

Job Title:

Telephone Number:

Person's Name:

Job Title:

Telephone Number:

Person's Name:

Job Title:

Telephone Number:

Person's Name:

Job Title:

Telephone Number:

***7. What do you think was the basis (reason) for the alleged discrimination?** Please check the boxes next to all of the bases (reasons) you think were involved in the alleged discrimination and answer any other questions that go along with that box.

Because of my disability (please check one of the following three boxes).

I have a disability (which may be active or inactive right now).

What is your disability?

I have a record of a disability.

What was your past disability?

I do not have a disability, but the organization or program treats me as if I am disabled.

Because of my national origin (please answer the questions below).

Are you Hispanic or Latino? Please check a box. Yes No

What is your national origin (the country from which you, your parents, your grandparents, or your earlier ancestors came)?

Because of my limited English proficiency. What is the language in which you feel most comfortable communicating?

Because of my race (please check all that apply).

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Because of my color. What is your color?

Because of my sex. What is your sex?

Because of my gender identity. What is your gender identity?

Because of my transgender status.

Because of sex stereotyping.

Because of my pregnancy and related medical conditions.

Because of childbirth and related medical conditions.

Because of my religion. What is your religion?

Because of my age. What is your date of birth?

Because of my political affiliation or political belief. What is your political affiliation or political belief?

Because of my citizenship. What is your citizenship?

Because of my participation in a program that receives federal financial assistance.
Name the program:

I was retaliated against because I complained about discrimination, or because I gave a statement or was involved in some other way with someone else's discrimination complaint.

***8 For each of the bases (reasons for discrimination) you checked above, please explain what happened, how you were (or someone else was) harmed by what happened, and how or why you think what happened was because of discrimination.** For example, if you checked "Because of my race", list the facts you think explain **how or why** you think what happened was because of the race of you or the person(s) who were harmed.

If other persons or groups were treated differently from you, please describe who was treated differently, how their treatment was different, and how the different treatment harmed you (or the other people you think were discriminated against.) Please be specific and brief. Give the name(s) of and contact information for any of the people involved, in known.

If your answer does not fit in the space below, please use more pages to finish your answer and attach those pages to this form.

***9. On what date(s) did the alleged discrimination take place?**

Date of the first action:

Date of most recent action:

If the date of the most recent alleged discriminatory action was more than 180 days ago, please explain why you did not file a discrimination complaint before now.

10. Please list below any other people (witnesses, coworkers, supervisors, or others), if known, whom you have not already named and whom we should contact for information about your discrimination complaint. Attach additional pages if you need more space for this information.

Person's Name:

Relationship to case (witness, coworker, etc.):

Telephone number(s) and/or email address(es):

Person's Name:

Relationship to case (witness, coworker, etc.):

Telephone number(s) and/or email address(es):

Person's Name:

Relationship to case (witness, coworker, etc.):

Telephone number(s) and/or email address(es):

11. What remedies are you asking for? For example, getting benefits or training you did not receive, changes in policies, etc. *PLEASE NOTE: The laws that CRC enforces do not allow for punitive damages. Money may only be awarded to compensate victims of discrimination for actual losses.*

***12. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), the Washington State Human Rights Commission (HRC), or the U.S. Department of Labor Civil Rights Center (CRC), about the same events or actions you describe on this form? If yes, please answer these questions as best you can about each organization where you filed a written complaint.**

Where did you file your complaint?

When did you file your complaint?

Name and contact information for the person working on your complaint, if known:

Has the place where you filed your first written complaint given you a final decision about the complaint?

If yes, what was the date of the final decision?

Was the decision in writing? Include copies of written decisions, dismissals, or Right-to-Sue Letters, or other written responses to your complaint that you have received.

***13. Please sign and date this form in the appropriate space below.**

Signature of Complainant:

Date:

Signature of Complainant's Representative:

Date:

Please mail or email your complaint to:

Liz Vaughn
Equal Opportunity Officer
Northwest Workforce Council
PO Box 2009 Bellingham,
WA 98227
lvaughn@workforcenorthwest.org
360-676-3241, Washington Relay Service 711

or

State-Level Equal Opportunity Officer
Teresa Eckstein
Employment Security Department
PO Box 9046
Olympia, WA 98507-9046 esdgpeo@esd.wa.gov
855-536-5598, Washington Relay Service 711 **or**

The Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123 Washington,
DC 20210

or, electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with both the CRC and the Local Equal Opportunity Officer or State-Level Equal Opportunity Officer, the Equal Opportunity Officers have 90 calendar days to process the discrimination complaint and CRC will not investigate the complaint until the 90 calendar-day period has expired.



Attachment E: Formulario de queja por discriminación de Washington

Lea atentamente el formulario. **Escriba en letra de molde o imprima sus respuestas.** Responda cada pregunta lo más completamente posible. Si no puede incluir toda su respuesta en el espacio de este formulario, puede agregar más páginas.

Si una pregunta o campo tiene un asterisco (*) al lado, usted tiene que responder esa pregunta. No es necesario que responda las otras preguntas, pero si lo hace, nos ayudará a procesar su queja. Si no sabe la respuesta a una pregunta, coloque "no lo sé" en el espacio para la respuesta. Si la pregunta no se aplica a su caso, escriba "n/a".

<p>*1. ¿Es usted el denunciante o el representante del denunciante? Marque la casilla correcta.</p> <p><input type="checkbox"/> Denunciante <input type="checkbox"/> Representante</p>
<p>*2. Proporcione su nombre e información de contacto a continuación. <i>Si usted es un representante del denunciante, proporcione el nombre del denunciante y la información de contacto en esta sección, y su nombre e información de contacto en la sección 2A.</i></p> <p>Nombre del denunciante:</p> <p>Calle o dirección postal, ciudad, estado, código postal:</p> <p>Número(s) telefónico(s):</p> <p>Dirección de correo electrónico:</p>

***2A. Si usted es el representante del denunciante, proporcione su nombre e información de contacto en esta sección y adjunte una carta u otro documento firmado por el denunciante, donde le autorice a actuar como representante del denunciante.**

Nombre del representante:

Organización del representante (si corresponde):

Calle o dirección postal, ciudad, estado, código postal:

Número(s) telefónico(s):

Dirección de correo electrónico:

Para el resto de las preguntas presentadas en este formulario, "usted" se refiere al denunciante y no al representante o persona que este ayudando al denunciante. Por favor, proporcione las respuestas que el denunciante proporcionaría si estuviera completando el formulario.

***3. Esta queja por discriminación se trata de algo que le sucedió a (marque la casilla correspondiente):**

Solamente a mí A mí y otras personas Otras personas, pero no a mí
soy un(a): Cliente Empleado(a) Solicitante de empleo

Yo

***4. Proporcione el nombre del Centro de WorkSource, el proveedor de servicios o la organización de la que se queja. Si tiene alguna información de contacto del Centro de WorkSource, el proveedor de servicios u organización, también proporcione esa información.**

Nombre de la oficina u organización:

Calle o dirección postal, ciudad, estado, código postal:

Número(s) telefónico(s):

Dirección de correo electrónico:

***5. ¿Qué programa estuvo involucrado en la discriminación de la que se queja?** Si no sabe el nombre del programa, y su queja por discriminación no involucra a un Centro de WorkSource o un proveedor de servicios, marque "No sé".

- Servicio de empleo
Programa de trabajadores agrícolas migrantes y de temporada
- Programa de Asistencia por Ajuste Comercial
Programa de beneficios del seguro por desempleo
- Programa de la Ley de Innovación y Oportunidades para la Fuerza Laboral (Trabajador desplazado, adulto, joven)
- Otro (¿Qué programa?)
- No sé

***6. ¿Qué persona(s), si lo sabe, en el Centro de WorkSource, proveedor de servicios u organización que proporcionó en la pregunta 4 estuvo involucrada en la presunta discriminación?** Si necesita más espacio para enumerar a todas las personas, adjunte más páginas a este formulario.

Nombre de la persona:

Puesto de trabajo:

Número de teléfono:

Nombre de la persona:

Puesto de trabajo:

Número de teléfono:

Nombre de la persona:

Puesto de trabajo:

Número de teléfono:

Nombre de la persona:

Puesto de trabajo:

Número de teléfono:

***7. ¿Cuál cree que fue el fundamento (razón) de la presunta discriminación?** Marque las casillas junto a todos los fundamentos (razones) que cree que estuvieron involucrados en la presunta discriminación y responda cualquier otra pregunta que acompañe a esa casilla.

Por mi discapacidad (marque una de las siguientes tres casillas).

Tengo una discapacidad (que puede estar activa o inactiva en este momento).

¿Qué discapacidad tiene?

Tengo un historial de una discapacidad.

¿Cuál era la discapacidad que tenía?

No tengo una discapacidad, pero la organización o el programa me trata como si estuviera discapacitado.

Por mi país de origen (responda las preguntas a continuación).

¿Es hispano(a) o latino(a)? Marque una casilla. Sí No

¿Cuál es su país de origen (el país de donde vinieron usted, sus padres, sus abuelos o sus antepasados)?

Por mi dominio limitado del inglés. ¿En qué idioma se siente más cómodo comunicándose?

Por mi raza (marque todas las que correspondan).

Nativo americano o nativo de Alaska

Asiático

Afroamericano

Nativo de Hawái u otra Isla del Pacífico

Blanco o caucásico

Por mi color. ¿Cuál es su color?

Por mi sexo. ¿Cuál es su sexo?

Por mi identidad de género. ¿Cuál es su identidad de género?

- Por mi estado transgénero.**
- Por los estereotipos sexuales.**
- Por mi embarazo y afecciones médicas relacionadas.**
- Por el parto y afecciones médicas relacionadas.**
- Por mi religión.** ¿Cuál es su religión?
- Por mi edad.** ¿Cuál es su fecha de nacimiento?
- Por mi afiliación política o creencias políticas.** ¿Cuál es su afiliación política o creencias políticas?
- Por mi ciudadanía.** ¿Cuál es su ciudadanía?
- Por mi participación en un programa que recibe ayuda financiera federal.** Nombre el programa:
- Tomaron represalias en mi contra** porque me quejé de discriminación, o porque di una declaración o estuve involucrado de alguna otra manera con la queja por discriminación de otra persona.

***8 Para cada uno de los fundamentos (razones de discriminación) que marcó anteriormente, explique qué sucedió, cómo le perjudicó a usted (o a alguien más) lo que sucedió y cómo o por qué cree que lo que sucedió se debió a la discriminación.** Por ejemplo, si marcó “Por mi raza”, enumere los hechos que crea que expliquen **cómo o por qué** cree que lo que sucedió es debido a su raza o a la de las personas que resultaron perjudicadas.

Si trataron a otras personas o grupos de forma diferente a usted, describa a quienes trataron de forma diferente, cómo se les trató de forma diferente y cómo el trato diferente lo perjudicó a usted (o a las otras personas que cree que discriminaron). Sea específico y breve. Proporcione el nombre(s) y la información de contacto de cualquiera de las personas involucradas, si lo sabe.

Si su respuesta no cabe en el espacio a continuación, utilice más páginas para terminar su respuesta y adjunte esas páginas a este formulario.

***9. ¿En qué fecha(s) sucedió la presunta discriminación?**

Fecha del primer acto:

Fecha del acto más reciente:

Si la fecha del presunto acto de discriminación más reciente fue hace más de 180 días, explique por qué no presentó una queja por discriminación antes.

10. Enumere a continuación cualquier otra persona (testigos, compañeros de trabajo, supervisores u otros), si lo sabe, a quienes aún no ha nombrado y con los que debemos comunicarnos para obtener información sobre su queja por discriminación. Adjunte más páginas si necesita más espacio para esta información.

Nombre de persona:

Relación con el caso (testigo, compañero de trabajo, etc.):

Número(s) de teléfono y/o dirección(es) de correo electrónico:

Nombre de persona:

Relación con el caso (testigo, compañero de trabajo, etc.):

Número(s) de teléfono y/o dirección(es) de correo electrónico:

Nombre de persona:

Relación con el caso (testigo, compañero de trabajo, etc.):

Número(s) de teléfono y/o dirección(es) de correo electrónico:

11. ¿Qué soluciones estás pidiendo? Por ejemplo, recibir beneficios o capacitación que no recibió, cambios en las políticas, etc. *TENGA EN CUENTA: Las leyes que el Centro de Derechos Civiles hace cumplir no permiten la indemnización por daños y perjuicios. Solo se puede otorgar dinero para compensar a las víctimas de discriminación por pérdidas reales.*

***12. ¿Ha presentado una queja por escrito con alguien más, como la Comisión de Igualdad de Oportunidades en el Empleo (EEOC, por sus siglas en inglés), la Comisión de Derechos Humanos del Estado de Washington (HRC, por sus siglas en inglés) o el Centro de Derechos Civiles del Departamento de Trabajo de los Estados Unidos (CRC, por sus siglas en inglés) sobre los mismos eventos o actos que describe en este formulario? Si es así, responda estas preguntas lo mejor que pueda sobre cada organización en la que presentó una queja por escrito.**

¿Dónde presentó su queja?

¿Cuándo presentó su queja?

Nombre e información de contacto de la persona que está trabajando en su queja, si lo sabe:

¿El lugar donde presentó su primera queja por escrito le ha dado una decisión final sobre la queja?

Si es así, ¿cuál fue la fecha de la decisión final?

¿La decisión se hizo por escrito? Incluya copias de decisiones escritas, despidos o cartas de derecho a demandar, u otras respuestas por escrito a su queja que haya recibido.

***13. Firme y ponga la fecha en este formulario en el espacio correspondiente a continuación.**

Firma del denunciante:

Fecha:

Firma del representante del denunciante:

Fecha:

Envíe su queja por correo postal o electrónico a:

Liz Vaughn
Equal Opportunity Officer
Northwest Workforce Council
PO Box 2009
Bellingham, WA 98227
lvaughn@workforcenorthwest.org

360-676-3241, Washington Relay Service 711 o

State-Level Equal Opportunity Officer
Teresa Eckstein
esdgpeo@esd.wa.gov
855-536-5598, Washington Relay Service 711
Employment Security Department
PO Box 9046
Olympia, WA 98507-9046 o

The Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210

o

electrónicamente como se indica en el sitio web del Centro de derechos civiles en

www.dol.gov/crc

Si presenta su queja tanto al Centro de derechos civiles (CRC, por sus siglas en inglés) como al Oficial de Igualdad de Oportunidades Local o el Oficial de Igualdad de Oportunidades a Nivel Estatal, los Oficiales de Igualdad de Oportunidades tienen 90 días calendario para procesar la queja por discriminación y el CRC no investigará la queja hasta que el período de 90 días calendario haya expirado.