



ADOL Complaint/Grievance Information Form

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."

Completing this form is voluntary; however, answers to the starred questions and fields must be provided to have your discrimination complaint accepted. The information will be used to process and, where appropriate, investigate your complaint.

If you are an ADOL employee with a non-discrimination based complaint, please skip Questions 5 through 7.

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

Complainant Representative

*2. Please give your name and the other information we ask you for on the lines below. If you are the complainant's representative, please give only the complainant's name and contact information in this section.

Complainant Information

Last First M.I.

Street Address Apartment/Unit #

City State ZIP Code

Telephone number(s) where we can reach you. Do not give your work contacts if you don't want us to call you there.

Email Address: Best time to contact you

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

Representative Information

Last First M.I.

Street Address Apartment/Unit #

City State ZIP Code

Telephone number(s) where we can reach you. Do not give your work contacts if you don't want us to call you there.

Email Address: Best time to contact you

For the rest of the questions on this form, if you are filing this complaint on behalf of someone else, "you" means the complainant, not you personally. Please give the answers the complainant would give if he or she was filling out the form.

***3. The complaint is about something that happened to** (Please check the appropriate box):

- Only me Me and other people Other people, but not me

***4. Please give the name of the agency, organization, or business that you are complaining about.** If you have any contact information for the agency, organization or business, and/or if you know the name of the person(s) who you think discriminated against you, please give that information as well. If you need more space to give all the information, please attach more pages to this form.

Agency/Business Name *Last* *First* *M.I.*

Street or Work Address

City *State* *ZIP Code*

***5. What program was involved in the discrimination you are complaining about?** If you do not know the name of the program or your complaint does not involve a Career Center, the Alabama Department of Labor, or the Alabama Department of Commerce, please check "do not know."

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Workforce Innovation and Opportunity Act Program (WIOA) | <input type="checkbox"/> Older Workers Program (Senior Community Service Employment Program) | | |
| <input type="checkbox"/> Job Corps Program | <input type="checkbox"/> Indian/Native American Program | | |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Migrant and Seasonal Farm Workers Program | | |
| <input type="checkbox"/> Employment Service or Job Service | <input type="checkbox"/> Vocational Rehabilitation | | |
| <input type="checkbox"/> Trade Assistance Act Program | | | |
| <input type="checkbox"/> Other (Give program name.) _____ | | | |
| <input type="checkbox"/> Alabama Career Center | <input type="checkbox"/> AL Dept of Labor | <input type="checkbox"/> AL Dept of Commerce | <input type="checkbox"/> Do not know |

***6. What do you think was the basis (reason) for the alleged discrimination?** Please check the boxes next to all the bases (reasons) you think were involved in the discrimination and answer any other questions that go along with that box. In the next question, you will be asked to explain why you checked each box.

Because of my National Origin (Please answer questions below.)

Are you Hispanic or Latino? 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?) | For example: Spanish, Korean, Russian

Because of my Race (Please answer questions below.)

What is your race? Please check all that apply.

- American Indian or Alaska Native
- Asian
- Black
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

Because of my Sex

I am Male Female

Because of my Pregnancy

Because of my Sexual Orientation (What is your sexual orientation?)

Because of my Gender Identity (What is your gender identity?)

Because of my Color (What is your color?)

Because of my Religion (What is your religion?)

Because of my Age (What is your birthdate?)

Because of my Political Affiliation or Political Belief (What is your political affiliation or political belief ?)

Because of my Disability (Please check one of the 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 is your past disability? _____

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

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 (Retaliation) because I complained about discrimination or because I gave a statement or was involved in some other way with someone else's discrimination complaint.

***7. For each of the 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 the basis you checked.** For example, if you checked "Because of my Race," list the facts that explain how or why you think what happened was because of the race of the persons who were harmed. *If you do not explain why you checked a particular basis, we may reject that part of your complaint.*

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

8. If you are an ADOL employee with a complaint that is not because of any of the reasons found in Question 6, please explain the reason for your complaint.

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

9a. Date of the first incident: _____

9b. Date of the most recent action: _____

9c. If the date of the most recent incident was more than 180 days ago, please explain why you did not file a complaint before now.

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

Person's Name *Relationship to case (witness, coworker, etc.)* *Best time to contact person*

Telephone number(s) and or email address(es) where we can contact this person.

11. Have you attempted to resolve this matter prior to filing this complaint/grievance?

11a. Who did you notify (e.g. supervisor, etc.)? _____

11b. When did you notify the individual(s)? _____

11c. What action was taken to resolve the complaint? _____

11d. Why were you dissatisfied with the action taken? _____

12. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC) or the State Equal Opportunity Officer, about the same events or actions you describe on this Complaint Information Form? If yes, please answer these questions about the entity you filed the written complaint with (use additional pages if necessary):

12a. Where and when did you file your first written complaint? Date Filed: _____

Name of Specific Office or Agency, Department, Organization or Business

12b. Has the place you filed the written complaint with given you a final decision about the complaint? Yes No

12c. If yes, what was the date of the final decision? _____ Was the decision in writing? Yes No

12d. Provide the charge number or other information that uniquely identifies your written complaint.

13. What remedies are you asking for? For example, getting benefits or training you did not receive, changes in policies, etc. PLEASE NOTE: Money may only be awarded to compensate victims of discrimination for actual losses.

14. Are you interested in resolving your complaint/grievance through Alternative Dispute Resolution, if appropriate?
 Yes No

Disclaimer and Signature

Please sign and date this form. By signing, you certify that your answers are true and complete to the best of your knowledge. *ADOL employees sign with the understanding that willfully providing false information could lead to disciplinary action, up to and including termination per ADOL Policy.*

Signature of Complainant

Date

Signature of Complainant's Representative

Date

Please mail, email, or fax this completed complaint to:

Mail: EEO & Grievance
Alabama Department of Labor
649 Monroe Street, Suite 2469
Montgomery, AL 36131
Fax: 334-956-5835
Email: Tonya.Scott@labor.alabama.gov

Discrimination-based complaints may also be filed directly with the US Department of Labor, Civil Rights Center:

Mail: Director
Civil Rights Center
U.S. Department of Labor
200 Constitution Ave, N.W.
Room N-4123
Washington, DC 20210
Fax: (202) 693-6505
Email: CRCEXternalComplaints@dol.gov