**Fresno Regional Workforce Development Board Discrimination Complaint**

**Please print or type all information. If you require assistance in filing out this form, please ask for help from any Workforce Connection staff or contact the**

**Fresno Regional Workforce Development Board at 559-490-7100.**

The individual named below requests resolution of this complaint by (check one):

[ ]  Informal Conference

[ ]  Mediation

[ ]  Formal Conference

COMPLAINANT INFORMATION:

|  |  |  |
| --- | --- | --- |
| [ ]  Miss [ ]  Ms. [ ]  Mrs. [ ] Mr. [ ]  Other | Home Phone:  | (     )      -      |
|  |  | Work Phone: | (     )      -      |
| Name: |       | Cell: | (     )      -      |
| Street Address: |       |
| City: |       | Email: |       |
| State: |       | Zip Code: |       |

INFORMATION CONCERNING THE PERSON(S) WHO YOU CLAIM DISCRIMINATED AGAINST YOU:

|  |
| --- |
| Provide the name of the entity where person(s) work(s):       |
| Name of person(s) who discriminated against you:       |
| Address of person(s)/entity: |       |
| City: |        | State:       | ZIP Code:       |
| Date of first occurrence: |       |  | Date of most recent occurrence:       |

NATURE OF DISCRIMINATION:

|  |  |  |
| --- | --- | --- |
| [ ]  Age- *provide date of birth:* |  | [ ]  Citizenship  |
| [ ]  Color | [ ]  Disability  |
| [ ]  National Origin (Including limited English proficiency) | [ ]  Religion[ ]  Harassment |
| [ ]  Retaliation[ ]  Gender - *Specify*  [ ]  F [ ]  M  | [ ]  Sex (including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status |
| [ ]  Race - *indicate race:* |  | [ ]  Status as a program participant under the *Workforce Innovation and Opportunity Ac*t  |
| [ ]  Political Affiliation or Belief | [ ]  Other *(Specify*): |  |

State concisely the facts that constitute your complaint or grievance (attach additional pages if needed):

|  |
| --- |
|  |

What is the solution that you are seeking?

|  |
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|  |

Were you provided with a copy of the Fresno Regional Workforce Development Board’s Summary Discrimination Complaint Procedures? YES [ ]  NO [ ]

CHOOSING A PERSONAL REPRESENTATIVE:

|  |  |
| --- | --- |
| Do you want to authorize a personal representative to handle this complaint? | **[ ]  Yes** **[ ]  No** |
|  **If YES**, complete the section below.  |
| AUTHORIZATION OF PERSONAL REPRESENTATIVE |
| I wish to authorize the individual identified below to act on my behalf as my personal representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint. |
| Name: |       |
| Mailing Address:       |
| City: |       | State: |       | Zip Code: |       |
| Phone : | (     )      -      | Fax: | (     )      -      |
| Email: |       |

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Signature of Complainant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

(if Complainant is under 18 years of age)

When completed, you may give this form to a member of the Workforce Connection staff, or mail the form to either of the addresses below:

|  |  |  |
| --- | --- | --- |
| Fresno Regional Workforce Development Board Attention: Equal Opportunity Officer2125 Kern Ave, Suite 208Fresno, CA 93721 | **OR** | United States Department of LaborThe Director, Civil Rights Center200 Constitution Avenue NW, Room N-4123Washington DC 20210 |