**Part I.**

Date Received

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FOR TWC USE ONLY

### *TEXAS WORKFORCE NETWORK COMPLAINT INFORMATION FORM*

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| **Complainant’s Information** | **Respondent’s Information**  |
| 1. NAME OF COMPLAINANT (Last, First, Middle Initial)

       | 4. NAME OF PERSON COMPLAINT MADE AGAINST      |
|  2a. PERMANENT ADDRESS (Number, Street, City, State, Zip Code)       | 5. NAME OF EMPLOYER/ONE-STOP CAREER CTR (OSCC) OFFICE       |
| 2b. TEMPORARY ADDRESS (if appropriate)       | 6. ADDRESS OF EMPLOYER/OSCC OFFICE      |
| 3. PERMANENT TELEPHONE OTHER/TEMPORARY PHONE [       ]       -       [       ]       -       | 7. TELEPHONE NUMBER OF EMPLOYER/OSCC OFFICE [       ]       -       |
| 8. DESCRIPTION OF COMPLAINT (If additional space is needed, use separate sheet(s) of paper and attach to this form.)      |
| 9. To the best of your knowledge, which of the following program(s) was involved? |
| [ ]  Child Care Services Program[ ]  Employment/Job Service (ES) Program[ ]  SNAP: Employment & Training | [ ]  TANF/Choices[ ]  Unemployment Insurance (UI)[ ]  Welfare to Work | [ ]  Workforce Innovation and Opportunity Act (WIOA)[ ]  Other: Specify:       |
| 1. To your best recollection, on what date(s) did the alleged incident(s) take place?

 Date of first occurrence       /       /       Date of most recent occurrence       /       /       |
| 1. For this incident, have you filed a case or complaint with any of the following?
 |
| [ ]  U.S. Department of Justice - Civil Rights Division[ ]  U.S. Equal Employment Opportunity Commission (EEOC)  | [ ]  U.S. DOL-Civil Rights Center[ ]  TWC - Civil Rights Division  | [ ]  Federal or State Court[ ]  Other       |
| 1. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint.
 |
| Name | Address | Phone Number |
|                    |
| 13. If alleging discrimination, which of the following best describes why you believe you were discriminated against? |
|  [ ]  Race. Specify:       [ ]  Color. [ ]  Religion. Specify:       [ ]  Sex. [ ]  Male [ ]  Female |  [ ]  National Origin. Specify:       [ ]  Age. Date of Birth:       [ ]  Disability.       [ ]  Citizenship. Specify:        |  [ ]  Political Affiliation. Specify:       [ ]  Reprisal/Retaliation (must be based on one of the listed discriminatory actions). Specify:       |
| 14. **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.15. **Persons wishing to file complaints of discrimination BY EMPLOYERS** may file directly with the appropriate state or federal agency. (Ask the Complaint Representative for mailing address.) |
| 16. SIGNATURE OF COMPLAINANT | 17. DATE SIGNED       /       /       |  |

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| 1. Migrant or Seasonal Farm Worker?

**Part II. For Workforce Center Staff Use Only** [ ]  Yes [ ]  NoIf Yes, mail complaint directly to the Texas Monitor Advocate | 1. If non-Job Service/ES related, does complaint concern laws enforced by U.S. DOL Wage and Hour Division [WHD] (formerly called Employment Standards Administration) or OSHA?

[ ]  Yes [ ]  No |
| 1. Type of Complaint (Check Appropriate Boxes)

[ ]  Job Service/ES Related Job Order Number       [ ]  Against Job Service [ ]  Against Employer [ ]  Alleged Violation of WIA/WIOA Regulations [ ]  Alleged Violation of Employment Law(s)[ ]  Non-Job Service/ES Related  | 1. Kind of Complaint (Check Appropriate Boxes)

 [ ]  Wage Related/Non-Payment of Wages [ ]  Housing [ ]  Child Labor [ ]  Pesticides [ ]  Working Conditions [ ]  Health/Safety [ ]  Migrant and Seasonal Agricultural Worker Protection Act (MSPA) [ ]  Disability Discrimination [ ]  Discrimination\* [ ]  Other: Specify.       | 1. H-2A/Criteria Employer:

 [ ]  U.S. /Domestic Worker [ ]  H-2A Worker [ ]  Wages [ ]  Transportation [ ]  Meals[ ]  Housing [ ]  Other       |
| \*FOR DISCRIMINATION COMPLAINTS ONLY: Persons wishing to file complaints of discrimination may file either with the Texas Workforce Commission, State Equal Opportunity Officer, or with the U. S. Department of Labor, Civil Rights Center, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210. |
| 6a. Referrals to Other Agencies (Check One) [ ]  Wage and Hour/U.S. Dept. of Labor (DOL) [ ]  OSHA/U.S. DOL [ ]  TWC, Civil Rights Division [ ]  TWC, Labor Law Section (Wage Claims) [ ]  EEOC [ ]  Other      6b. Follow-Up: 6c. Follow-Up Date: [ ]  Yes [ ]  Monthly      /     /       [ ]  No [ ]  Quarterly  | 7. Address of Referral Agency (Number, Street, City, State, Zip Code and Telephone No.)       |
| 1. Comments (If additional space is needed, use separate sheet of paper.)

     Provided ES Services? [ ]  Yes [ ]  No If “No”, explain.       |
| 1. Was Complaint Resolved? [ ]  Yes [ ]  No If “No”, explain.

       |
| 1. Name and Title of Person Receiving Complaint

       | 11. Telephone Number [       ]       -       |
| 12. Workforce Solutions Office Address (Number, Street, City, Zip Code)       | 1. Workforce Solutions Cost Center (CC) Number:

LWDA Number:        |
| 1. Signature
 | 15. Date       /       /       |
| **Instructions for Workforce Center Staff** **PART I, Item 16.** If Complainant prefers to mail their complaint form, provide the appropriate State or Federal agency mailing address. **PART II, Item 1.** Mark “YES” when the individual filing the complaint meets all the following criteria: Worked an aggregate of 25 days or more during the preceding 12 months in agricultural related work; 50 percent or more of the yearly income was derived from agricultural related activities; and was not employed year-round by the same employer.**PART II, Item 3.** Mark “Job Service/ES Related” and enter the job order number when the complainant was referred to the employer on a valid TWC job order. The “Against Job Service” will be marked when the allegation is against the employment service. The “Against Employer” will be marked when the employer, named as the “Respondent” on the complaint, allegedly violated the “terms and conditions” of the job order, i.e., hours to be worked, wages to be paid, etc., or an employment related law such as the Civil Rights Act of 1964, as amended, or the Fair Labor Standards Act.**PART II, Item 6.** Check the agency to which the complaint was referred.**PART II, Item 7.** Enter the contact information (i.e. name, address, telephone) of referred agency.  |