

Discrimination Complaint 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."

***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 a representative, please give the complainant's name and contact information in this section, and your own name and contact information in section 2A.**

*Name

*Mailing Address

*City

*State

Zip Code

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

E-mail Address

Best time to contact you

Name and contact information for someone we can contact if we cannot get in touch with you

2A. If you are the complainants 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 his or her representative.

Representative's Name

Representative's Organization (if any)

Street Address

City

State

Zip Code

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

E-mail 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 that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filling out the form.

***3. This 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.

*Name of Agency, Organization, or Business Telephone Number(s)

Street or Mailing Address E-mail Address

Name of Person You Think Discriminated Job Title E-mail 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 complaint does not involve an American Job Center or a state or local government agency, please check "Do not know."

- Workforce Investment Act and/or Workforce Innovation and Opportunity Act
- Job Corps Program Older Workers Program (Senior Community Service Employment Program)
- Unemployment Insurance Indian/Native American Program
- Employment Service or Job Service Migrant and Seasonal Farm Workers Program
- Trade Assistance Act Program Vocational Rehabilitation
- Other (What program? _____)
- American Job Center State or Local Government Do not know

***6. What do you think were the bases (reasons) for the alleged discrimination?** Please check the boxes next to all of 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, Croatian, Cambodian) _____

Because of my Race (Please answer questions below.)

What is your race? Check all that apply.

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

Because of my Sex (What is your sex? _____)

Because of my Pregnancy

Because of my Color (What is your color? _____)

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 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 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's discrimination complaint.

***7. 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 the basis you checked.** For example, if you check "Because of my Race," list the facts you think 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 other persons or groups were treated differently from you (or the other people who you think were discriminated against), 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, if you can.

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

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

8A. Date of the first action: _____

8B. Date of most recent action: _____

8C. If the date of the most recent action was more than 180 days ago, please explain why you did not file a complaint before now.

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

Person's name	Relationship to case (witness, coworker, etc.)	Best time to contact this person
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Telephone number(s) and/or e-mail address(es) where we can contact this person.

10. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), or your local Human Relations/Rights Commission, about the same events or actions you describe on this Complaint Information Form? If yes, please answer these questions, as best you can, about each agency, department, organization, or business where you filed a written complaint (using additional pages if necessary):

10A. Where and when did you file your first written complaint? Date Filed: _____

Name of Specific Office or Agency, Department, Organization, or Business	Telephone Number	E-mail Address
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Mailing or Street Address	City	State	Zip Code
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Name and contact information for person working on your complaint, if known.

10B. Has the place where you filed your first written complaint given you a final decision about the complaint? Yes No

10C. If yes, what was the date of the final decision? _____ Was the decision in writing? Yes No

Include copies of written decisions, dismissals, or Right-to-Sue Letters, or other written responses to your complaint that you have received

***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 Nebraska Department of Labor enforce do not allow for punitive damages.**

***12.** Please sign and date this form in the space below that applies to you. You must also read the notice on the **next page entitled “How We Use Personal Information,”** and sign and date the consent form. Nebraska Department of Labor cannot accept a complaint for investigation unless both the Complaint Information Form and the Consent Form have been signed.

Signature of Complainant

Date

Signature of Complainant’s Representative

Date

Please mail or e-mail a complaint to:

Mail: Equal Opportunity Officer
Nebraska Department of Labor
P.O. Box 94600
Lincoln, NE 68509

E-mail: EOComplaints@nebraska.gov

See next page for “How We Use Personal Information” notice.

How We Use Personal Information

Two Federal laws govern personal information that is given to Federal (State?) agencies such as the Nebraska Department of Labor (NDOL). These two laws are the Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552), know of "FOIA." This Notice describes how each of these laws applies to information connected with your complaint. Please read the Notice, sign the Consent Form on the next page, and give Consent Form to NDOL with your Complaint Information Form.

The Privacy Act protects you from misuse of personal information that the Federal government has about you. This law applies to records that the Federal government keeps that can be located by a person's name, social security number, or other personal identification system. Anyone who submits personal information to the Nebraska Department of Labor in connection with a discrimination complaint should know the following.

1. NDOL enforces civil rights laws that cover State and local government agencies, programs conducted by DOL, recipients of financial assistance from DOL, and certain recipients of financial assistance from other Federal departments and agencies ("covered entities"). NDOL has the authority to investigate and make determinations on complaints alleging that a covered entity has discriminated on the basis of race, color, national origin, age, disability, sex, religion, political affiliation or belief, citizenship, and participation in a program or activity that receives financial assistance under Title I of the Workforce Investment Act of 1998 (WIA) and/or Title I of the Workforce Innovation and Opportunity Act of 2014. NDOL is also authorized to conduct reviews of covered entities to evaluate whether they are complying with the civil rights laws that NDOL enforces.
2. Information that NDOL collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. NDOL staff may need to reveal certain information to persons outside the agency in the course of verifying facts or gathering new facts to develop a basis for making a civil rights compliance determination. Such details could include the physical condition or age of a complainant. NDOL also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act. (See below.)
3. Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. Except in the instances defined in DOL's regulation at 29 C.F.R. Part 71, NDOL will not release the information to any other agency or individual unless the person who supplied the information submits a written consent. One of these exceptions is when release is required under the Freedom of Information Act. (See below.)
4. No law requires a complainant to give personal information to NDOL, and no sanctions will be imposed on complainants or other individual who deny NDOL's request. However, if NDOL fails to obtain information needed to investigate the ability of allegations of discrimination, it may be necessary to close the investigation.
5. The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of NDOL to exercise authority to exempt systems of records only in compelling cases. NDOL may deny a complainant access to the files compiled during the agency investigation of his or her civil rights complaint against a covered entity. Complaint files are exempt in order to aid negotiations between covered entities and NDOL in resolving civil rights issues and to encourage covered entities to furnish information essential to the investigation.
6. NDOL does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against a covered entity that violates the laws, or unless such information is required to be disclosed under FOIA or the Privacy Act. NDOL will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under FOIA, the Privacy Act, otherwise required by law.

The FREEDOM OF INFORMATION ACT gives the public access to certain files and records of the Federal Government. Individuals can obtain items from many categories of records of the Government – not just materials that apply to them personally. NDOL must honor requests under the Freedom of Information Act, with some exceptions. NDOL generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an "unwarranted invasion of privacy" of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a "clearly unwarranted invasion of privacy."

PLEASE READ THE CONSENT FORM ON THE NEXT PAGE, SIGN EITHER SECTION A OR SECTION B, AND GIVE THE SIGNED FORM TO THE NEBRASKA DEPARTMENT OF LABOR WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.

Consent Form

I have read the Nebraska Department of Labor’s notice entitled “How We Use Personal Information.” I understand that the following conditions apply to personal information I disclose to NDOL in connection with my complaint:

- NDOL may need to disclose my identity to staff of the agency, organization, or business I named in my complaint, in order to gather evidence or verify facts related to the complaint, or to complete enforcement proceedings against the agency, organization, or business;
- I do not have to reveal any personal information to NDOL, but NDOL may close my case if it cannot get the information it needs to process or fully investigate my complaint;
- I may request a copy of any of my personal information that NDOL keeps in my complaint file; and
- Under certain conditions, NDOL may be required by the Freedom of Information Act or other laws to disclose my personal information to others.

Section A

YES, NDOL MAY DISCLOSE MY IDENTITY IF NECESSARY TO FULLY INVESTIGATE MY COMPLAINT. I have read and understand the notice “How We Use Personal Information,” and I give consent for NDOL to disclose my identity to the respondent, if necessary to fully investigate my complaint.

Signature of Complainant

Date

Section B

NO, NDOL MAY NOT DISCLOSE MY IDENTITY TO THE RESPONDENT, EVEN IF NECESSARY TO FULLY INVESTIGATE MY COMPLAINT. I have read and understand the notice “How We Use Personal Information,” and I understand that NDOL may close my case if it cannot get the information it needs to fully investigate my complaint without disclosing my identity to the respondent. Nonetheless, I do not give consent for NDOL to disclose my identity to the respondent during the investigation of my complaint.

Signature of Complainant

Date

FOR NDOL USE ONLY

CIF received by the NDOL

Accepted

Not Accepted

Case Number _____

By _____

Date _____