



State of Illinois

# Illinois Department of Commerce and Economic Opportunity

## Workforce Innovation and Opportunity Act Discrimination Complaint Form

Complainant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Status of Complainant: (check one)

- Employee:
- Applicant:
- Participant:
- Other:

Respondent's Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Status of Respondent (s):

- Service Provider:
- Adm. Entity:
- Grant Recipient:
- Private Employer:

Respondent's Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

### Basis of Complaint Alleged

- Race: Specify \_\_\_\_\_
- Color: Specify \_\_\_\_\_
- Religion: Specify \_\_\_\_\_
- National Origin: Specify \_\_\_\_\_
- Sex: Circle Male/Female
- Age: Specify Date of Birth \_\_\_\_\_
- Disability: Specify \_\_\_\_\_
- Political Affiliation or Belief: Specify \_\_\_\_\_
- Citizenship: Specify \_\_\_\_\_
- Sexual Harassment: Specify \_\_\_\_\_
- Sexual Orientation: Specify \_\_\_\_\_
- Pregnancy: Specify \_\_\_\_\_
- Retaliation: Specify \_\_\_\_\_

### Has a charge been filed with? (Please circle)

- |     |    |   |
|-----|----|---|
| Yes | No | IL Dept. Of Rehab Services                    |
| Yes | No | IL Dept. Of Human Rights                      |
| Yes | No | US Department of Labor                        |
| Yes | No | US Equal Employment<br>Opportunity Commission |

To the best of your knowledge, what date(s), times(s) and place(s) did the alleged complaint(s) occur? (if applicable)

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Date complaint was presented to immediate supervisor? (if applicable) \_\_\_\_\_

Was it Oral or Written? \_\_\_\_\_

Signature/date of immediate supervisor acknowledging discussion of complaint: (if applicable)

\_\_\_\_\_

Date: \_\_\_\_\_

Have you attempted to resolve this complaint? (please circle)    Yes    No

Explain briefly and clearly what happened and how you were discriminated against. State the facts as alleged, including pertinent dates, constituting the alleged violation. Indicate who (names and titles) was involved and be sure to include how other person(s), if known, were treated differently from you. Attach any written documentation/material pertaining to the case. Please state the provisions of WIOA, including regulations, grants, contracts, or other agreements believed to be violated.

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

Attach additional sheets, if necessary. Each sheet/attachment should identify complainant by name, be signed by complainant and dated.

Remedy sought by complainant:

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

Do you have an attorney? (please circle)

Yes    No

Attorney's Name and Address:

\_\_\_\_\_  
Signature of Complainant/Authorized Representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of EO Officer

Date: \_\_\_\_\_