

TEXAS WORKFORCE NETWORK COMPLAINT INFORMATION FORM

FOR TWC USE ONLY

Date Received

____/____/____

Part I.

Complainant's Information		Respondent's Information															
1. NAME OF COMPLAINANT (Last, First, Middle Initial)		4. NAME OF PERSON COMPLAINT MADE AGAINST															
2. PERMANENT ADDRESS (Number, Street, City, State, Zip Code) Address: City, Street, Zip:		5. NAME OF EMPLOYER															
		6. ADDRESS OF EMPLOYER															
3. HOME TELEPHONE [] - [] -	OTHER TELEPHONE [] -	7. TELEPHONE NUMBER OF EMPLOYER [] -															
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? <table border="0"> <tr> <td><input type="checkbox"/> Child Care Services Program</td> <td><input type="checkbox"/> TANF/Choices</td> <td><input type="checkbox"/> Workforce Investment Act (WIA)</td> </tr> <tr> <td><input type="checkbox"/> Employment/Job Service Program</td> <td><input type="checkbox"/> Unemployment Insurance</td> <td><input type="checkbox"/> Other: Specify:</td> </tr> <tr> <td><input type="checkbox"/> Food Stamp: Employment & Training</td> <td><input type="checkbox"/> Welfare to Work</td> <td></td> </tr> </table>			<input type="checkbox"/> Child Care Services Program	<input type="checkbox"/> TANF/Choices	<input type="checkbox"/> Workforce Investment Act (WIA)	<input type="checkbox"/> Employment/Job Service Program	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Food Stamp: Employment & Training	<input type="checkbox"/> Welfare to Work							
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10. To your best recollection, on what date(s) did the alleged incident(s) take place? Date of first occurrence / / Date of most recent occurrence / /																	
11. For this incident, have you filed a case or complaint with any of the following? <table border="0"> <tr> <td><input type="checkbox"/> Civil Rights Division, U.S. Department of Justice</td> <td><input type="checkbox"/> TWC, Civil Rights Division</td> <td><input type="checkbox"/> Civil Rights Center, USDOL</td> </tr> <tr> <td><input type="checkbox"/> U.S. Equal Employment Opportunity Commission</td> <td><input type="checkbox"/> Federal or State Court</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> Civil Rights Division, U.S. Department of Justice	<input type="checkbox"/> TWC, Civil Rights Division	<input type="checkbox"/> Civil Rights Center, USDOL	<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	<input type="checkbox"/> Federal or State Court	<input type="checkbox"/> Other									
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12. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint. <table border="0"> <tr> <td>Name</td> <td>Address</td> <td>Telephone Number</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			Name	Address	Telephone Number												
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13. If alleging discrimination, which of the following best describes why you believe you were discriminated against? <table border="0"> <tr> <td><input type="checkbox"/> Race. Specify:</td> <td><input type="checkbox"/> Sex. <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td><input type="checkbox"/> Disability.</td> </tr> <tr> <td><input type="checkbox"/> Color.</td> <td><input type="checkbox"/> Citizenship. Specify:</td> <td><input type="checkbox"/> Age. Date of Birth:</td> </tr> <tr> <td><input type="checkbox"/> Religion. Specify:</td> <td><input type="checkbox"/> Political Affiliation. Specify:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> National Origin. Specify:</td> <td><input type="checkbox"/> Reprisal/Retaliation.</td> <td></td> </tr> </table>			<input type="checkbox"/> Race. Specify:	<input type="checkbox"/> Sex. <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Disability.	<input type="checkbox"/> Color.	<input type="checkbox"/> Citizenship. Specify:	<input type="checkbox"/> Age. Date of Birth:	<input type="checkbox"/> Religion. Specify:	<input type="checkbox"/> Political Affiliation. Specify:		<input type="checkbox"/> National Origin. Specify:	<input type="checkbox"/> Reprisal/Retaliation.				
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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. SOCIAL SECURITY NUMBER - -	18. DATE SIGNED / /															

Part II. For Workforce Center Staff Use Only

1. Migrant or Seasonal Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, mail complaint directly to the Texas Monitor Advocate	2. If non-ES related, does complaint concern laws enforced by U.S. Employment Standards Administration (Wage and Hour) or OSHA? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
3. Type of Complaint (Check Appropriate Boxes) <input type="checkbox"/> ES Related Job Order No. _____ <input type="checkbox"/> Against Job Service <input type="checkbox"/> Against Employer <input type="checkbox"/> Alleged Violation of Employment Law(s) <input type="checkbox"/> Non-ES Related <input type="checkbox"/> Wage Related	4. Kind of Complaint (Check Appropriate Boxes) <input type="checkbox"/> Non-payment of wages <input type="checkbox"/> Housing <input type="checkbox"/> Child Labor <input type="checkbox"/> Pesticides <input type="checkbox"/> Working Conditions <input type="checkbox"/> Health/Safety <input type="checkbox"/> Migrant/Seasonal Agricultural Worker Protection Act (MSPA) <input type="checkbox"/> Discrimination <input type="checkbox"/> Other: Specify. _____	H-2A/Criteria Employer: <input type="checkbox"/> U.S. /Domestic Worker <input type="checkbox"/> Meals <input type="checkbox"/> H-2A Worker <input type="checkbox"/> Wages <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____
5. Referrals to Other Agencies (Check One) → <input type="checkbox"/> Wage and Hour/ESA/U.S. DOL <input type="checkbox"/> TWC, Civil Rights Division <input type="checkbox"/> TWC, Labor Law Section (Wage Claims) <input type="checkbox"/> OSHA <input type="checkbox"/> EEOC <input type="checkbox"/> Other _____	6. Address of Referral Agency (Number, Street, City, State, Zip Code and Telephone No.)	
7. Comments (If additional space is needed, use separate sheet of paper.) <div style="text-align: center;"> Provided ES Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain. </div>		
8. Name and Title of Person Receiving Complaint	9. Telephone Number <div style="text-align: center;">[] -</div>	
10. Workforce Center Address (Number, Street, City, Zip Code)	11. Workforce Center Number: _____ 12. LWDA Number: _____	
13. Signature _____		
14. Date / /		
<div style="text-align: center;">Instructions for Workforce Center Staff</div> <p>PART I, Item 15. If Complainant prefers to mail their complaint form, provide the appropriate State or Federal agency mailing address. (Refer to the Complaint Procedures, Table II for address.)</p> <p>PART I, Item 17. The Privacy Act of 1974 requires an individual to be informed that disclosure of his/her social security account number is voluntary/mandatory; if mandatory, by what statute or authority it is solicited; and, what uses will be made of the number if provided since it becomes public record. The complainant's social security account number <u>may not</u> be accessed from other employment service records.</p> <p>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. (Refer to Table II for address)</p> <p>PART II, Item 3. Mark "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.</p> <p>PART II, Item 5. Check the agency to which the complaint was referred.</p> <p>PART II, Item 6. Enter the contact information (i.e. name, address, telephone) of referred agency. (Refer to Table II)</p>		