

Department of Equal Opportunity  
Office for Civil Rights  
107 East Madison Street – MSC 150  
Tallahassee, Florida 32399-4129  
Phone: 850-921-3205  
Fax: 850-921-3122 E-mail: [Civil.Rights@deo.myflorida.com](mailto:Civil.Rights@deo.myflorida.com)  
TTY (using the Florida Relay Service): 711

## **Discrimination-Complaint Package**

**Please note:** If you need assistance in completing the enclosed form, contact the Office for Civil Rights. Contact information is shown above.

### **Who May File a complaint with the Department of Economic Opportunity's (DEO's) Office for Civil Rights**

**Not everyone is eligible to file with the Office for Civil Rights (OCR).** A complaint of discrimination may be filed with the OCR by or on behalf of any person who feels he or she has been subjected to unlawful discrimination by any of the following:

- ◆ A policy, program, activity or employee of DEO; or
- ◆ A recipient (such as an employer or service provider) that receives federal financial assistance (for example, funding) through DEO.

This includes all employees and volunteers of DEO and applicants for employment who feel they have been discriminated against; either on the job or during the hiring, promotion or discharge process.

This also includes any customer, beneficiary, or applicant for services provided by or through DEO who feels he or she has been denied services or treated differently than others in getting services due to unlawful discrimination.

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### **NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION**

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Two federal laws govern personal information submitted to federal agencies: the Privacy Act of 1974 (5 U.S.C. 552a), and the Freedom of Information Act (5 U.S.C. 552). Since DEO receives federal financial assistance, the OCR voluntarily complies with the intent of these federal laws. A state law, the Florida Public Records Law (Chapter 119, Florida Statutes), also applies to information filed with an OCR complaint. Please read the description of how these laws apply to information

connected with your complaint. After reading this notice, please sign and return the enclosed consent agreement along with your complaint form.

The Privacy Act of 1974 protects individuals from the misuse of personal information held by the federal government. The Act applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to the OCR in connection with a discrimination complaint acknowledges the following:

- ◆ A discrimination complaint filed with the OCR shall be investigated by the OCR. The OCR may request assistance and support from the Office of the Inspector General (OIG).
- ◆ The OCR is authorized to investigate complaints of discrimination on the basis of race, color, religion, sex, national origin, age, disability, marital status, political affiliation or belief; and, for beneficiaries only, citizenship, status as an authorized alien worker or participation in WIA programs.
- ◆ Information that the OCR or the OIG collects is analyzed by authorized staff within the respective offices. This information may include personnel or program participant records, and other personal information. The OCR or OIG may need to reveal some of the personal information to certain individuals in order to verify facts related to the complaint or to discover new facts which may help the investigation. Such information could include, for example, the physical condition or age of a complainant. The OCR or OIG may also have to reveal personal information under a request for disclosure authorized by law.
- ◆ Information submitted to the OCR or OIG may also be revealed to persons outside of the OCR or OIG if necessary to complete enforcement proceedings against a program that is found to have violated the law or a DEO Rule or Policy. Such information could include, for example, the name, age, marital status or physical condition of the complainant.
- ◆ During an investigation, any personal information provided shall be used only for the specific purpose for which it was requested. The OCR or OIG shall request personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance, with civil rights laws, regulations and DEO Rules and Policies. The OCR or OIG will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by law.
- ◆ No law requires that a complainant reveal personal information to the OCR, and no action will be taken against a person who denies an OCR request for personal information. However, if the OCR or OIG cannot obtain the

information needed to fully investigate the allegations in a complaint, the OCR may close the case.

- ◆ The Florida Public Records Law gives the public maximum access to state government files and records. Persons can request and receive information from many types of records kept by the state government; not just materials that apply to them personally. Generally, a complaint file is not a public record during the course of an investigation and neither the complainant nor other persons have access to the investigatory materials. However, once the investigation is over and final action is taken, any person may access the investigatory materials. They may also ask for, and receive, copies of all information, including some personal materials the OCR or OIG has in their respective investigation files. The DEO must honor all requests for information submitted under the Public Records Law, with limited exceptions. Some forms of personal information, such as Social Security Numbers must be withheld. Any employee or individual receiving or releasing confidential information that violates the law commits a misdemeanor of the second degree punishable as provided in Florida Statutes. However, other personal information may be released. Each decision is made based on applicable state and federal laws.

As policy, during the course of the investigation, the OCR or OIG reveals names and other identifying information about individuals only when it is necessary to complete investigatory or enforcement activities against a program or person that has violated the law or DEO Rule or Policy.

***Please retain this notice for your records.***

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# Discrimination Complaint Information Form

## 1. Your contact information

Name: \_\_\_\_\_ Contact Numbers: (including the area code)  
Street Address: \_\_\_\_\_ Home: \_\_\_\_\_  
City: \_\_\_\_\_ Cellular: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

What is the most convenient place and time for us to contact you by phone about this complaint?

\_\_\_ At Home      \_\_\_ At Work      \_\_\_ Other (neighbor, relative, etc.)

Phone number to use: \_\_\_\_\_

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Best time:							
Next best time:							

**Special instructions about contacting you:** (*Example* - "Please don't mention this complaint when leaving a message.")

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## 2. Contacting the Respondent

The "Respondent" is usually the employer, organization, or similar authority where the alleged discrimination occurred. Tell us how to contact the Respondent. ***DO NOT*** enter information here about individual people who may have discriminated against you. Space is provided for that information in Section 4.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## 3. When did this discrimination take place?

Date of First Occurrence: \_\_\_\_\_ Date of Last Occurrence: \_\_\_\_\_

**4. Tell us about the incident or incidents** (Use additional pages if necessary)

- Explain as briefly and clearly as possible what happened and how you were discriminated against.
- Indicate who discriminated against you. Include names and titles.
- If other people were treated differently from you, be sure to tell us how they were treated differently.
- Use additional paper, if needed.
- Attach any documents that you think might help us better understand your complaint.

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**5. Basis for the discrimination**

- Check what you believe to be the basis for the discrimination against you, such as your age, race, color, national origin, disability, etc.
- If you think more than one basis was involved, you may check more than one box.

Age                                      If checked please provide date of birth: \_\_\_\_\_

Citizenship or status as an alien U.S. worker

Color

Disability                                      If checked please specify: \_\_\_\_\_

Genetic Information

Marital Status (only Florida law applies)

National Origin                                      If checked please specify: \_\_\_\_\_

Political Affiliation

Political Belief

Race    If checked please specify: \_\_\_\_\_  
Please indicate:     of Hispanic or Latino origin                       not of Hispanic or Latino origin

Religion

Retaliation    If checked please explain: \_\_\_\_\_

Sex    If checked please specify:     Male                       Female  
This allegation includes sexual harassment:     Yes                       No

Status as a program participant under the Workforce Investment Act (WIA)

**6. What makes you believe the events that occurred were due to or resulted in discrimination?** (Use additional pages if necessary)

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**7. What would resolve this complaint to your satisfaction?** (Use additional pages if necessary)

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**8. Witnesses and other contacts** (Use additional pages if necessary)

- Please list below any persons (witnesses, fellow employees, supervisors, or others) who we may contact for additional information to support or clarify your complaint.
- Indicate their relationship to you. (witness, supervisor, etc.)
- Do they know about this complaint and that someone may be contacting them?

Name	Mailing Address	Telephone Number	Relationship	Expecting Contact
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1.	<hr/>			
2.	<hr/>			
3.	<hr/>			
4.	<hr/>			
5.	<hr/>			

**9. Have you attempted to resolve the issues in this complaint with the Respondent listed in Section 2?**

Yes       No

If YES, please answer the following questions:

- Was your complaint in writing?      \_\_\_ Yes      \_\_\_ No
- On what date was the complaint filed? \_\_\_\_\_
- Where did you file your complaint?  
Name of agency, one-stop operator,  
service provider or other office: \_\_\_\_\_  
  
Street Address or Post Office Box: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Phone number: \_\_\_\_\_  
  
Name of contact person: \_\_\_\_\_
- Have you been provided a final decision or report? \_\_\_ Yes      \_\_\_ No  
If YES, please attach a copy to this form.

**10. Is a complaint or lawsuit regarding the issues identified in this form currently open or going to be filed with any of the following?**

- \_\_\_ Florida Commission on Human Relations
- \_\_\_ U.S. Equal Employment Opportunity Commission
- \_\_\_ Civil Rights Center, U.S. Department of Labor
- \_\_\_ Office for Civil Rights, U.S. Department of Education
- \_\_\_ Office for Civil Rights, U.S. Department of Health and Human Services
- \_\_\_ Civil Rights Division, U.S. Department of Justice
- \_\_\_ Federal or State Court
- \_\_\_ Other Federal, State or Local Agency      Specify: \_\_\_\_\_

If YES, please indicate the case number: \_\_\_\_\_

**11. Provide any other information that could help in an investigation of this complaint.** (Use additional pages if necessary)

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## 12. Choosing a Personal Representative

- You may choose to have someone represent you in dealing with this complaint. It may be a relative, a friend, a union representative, an attorney or someone else.
- If you choose to have someone represent you, all communications to you will be routed through your representative.

I authorize the following person to represent me regarding this complaint:

\_\_\_ No one (continue to section 13)

\_\_\_ The below listed person

### Authorization of a Personal Representative

I authorize the individual named below to act on my behalf as my Personal Representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.

Name: _____	Contact Numbers: (including the area code)
Street Address: _____	Home: _____
City: _____	Cellular: _____
State: _____ Zip: _____	Work: _____ Fax: _____
E-Mail Address: _____	

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Print name of Complainant

### Agreement by Your Personal Representative

As the individual identified above, I agree to be the Personal Representative for the Complainant in this case. I further agree to honor all requirements and agreements of confidentiality.

\_\_\_ I am NOT an attorney

\_\_\_ I am an attorney bared in the State of \_\_\_\_\_, Bar number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Print name of Representative

## 13. Alternative Dispute Resolution (ADR)

**Notice:** You must indicate whether you wish to participate in ADR by indicating YES or NO in the spaces provided below. The OCR cannot begin to process your complaint until you have made this selection.

## Why Choose ADR?

- ADR is an alternative to having your complaint investigated.
- Neither you (the Complainant) nor the Respondent loses anything by attempting to reconcile differences through ADR.
- The OCR will not draw conclusions or prescribe remedies during ADR. The parties to the complaint (the Complainant and the Respondent) review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both. ADR puts the power to resolve the complaint in the hands of those most able to arrive at a satisfactory conclusion. Here are the advantages:
  1. Agreement to participate in ADR is not a confession of guilt by the Respondent; it is simply an agreement to attempt resolution without time-consuming and expensive investigation or court involvement.
  2. You (or your Personal Representative) have control to negotiate a satisfactory agreement.
  3. The ADR process encourages honest communication because it is private.
  4. Terms of the agreement are signed by the Complainant and Respondent, or respective representatives.
  5. Agreements are legally binding on both the Complainant and the Respondent.
  6. If no agreement is reached, formal investigation resumes immediately.
  7. Either party to an agreement reached through ADR may file a complaint with the OCR or the Civil Rights Center (CRC) of the U.S. Department of Labor in the event the agreement is breached.
  8. A new investigation will be opened if failure to keep agreements is reported.
  9. A formal investigation will be opened if retaliation is reported.

### Do you wish to participate in ADR before a formal investigation is undertaken?

(Place your initials in the blank next to YES or NO below)

\_\_\_\_\_ YES, I want to participate in ADR

\_\_\_\_\_ NO, I do not want to participate in ADR

If you select YES, indicating that you wish to participate in ADR, you will be contacted within 5 business days with more information.

## 14. Personal Information and Disclosure of Your Identity

After reading the following, please complete **Section A** or **Section B**, below:

I have read the *Notice About Investigatory Uses of Personal Information* provided on the cover of this package. I understand the following provisions of the Privacy Act, Freedom of Information Act and the Florida Public Records Law, which apply to the personal information I provide to the OCR with my complaint:

- In the course of investigating my complaint, the OCR or OIG may have to reveal my identity to staff of the program or person named in my complaint in order to obtain facts and evidence regarding my complaint.
- I do not have to reveal any personal information to the OCR, but the OCR may close my complaint if I refuse to reveal information needed to fully investigate my complaint.
- Once the investigation is completed, I may request and receive a copy of any personal information the OCR keeps in my complaint file for investigatory use.
- Under certain conditions, the OCR may be required by the law to reveal to others personal information I have provided in connection with my complaint.

### SECTION A

\_\_\_\_\_ THE OCR OR OIG MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the above notice and I consent to the OCR investigating my complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Complainant

### SECTION B

\_\_\_\_\_ THE OCR OR OIG **MAY NOT** DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the above notice, and I do not consent for the OCR or OIG to disclose my identity during the investigation of my complaint.

I request that the OCR process my complaint; however, I understand that the OCR may close my complaint if it cannot fully investigate without disclosing my identity. I also understand that the OCR may close my complaint if it cannot begin an investigation because I have not consented to the OCR or OIG revealing my identity.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Complainant

## 15. Signatures

**You must sign or initial these sections for your complaint to be processed!**

- Section 12 – Choosing a Personal Representative  
*(Sign Section 12 only if you are appointing a Personal Representative)*
- Section 13 – ADR Election (Initial YES or NO)
- Section 14 – Personal Information and Disclosure of Your Identity  
*(Signature in Section 14 is required for all complaints)*

**You must sign and date below.**

- Your signature below serves as your authorization for the OCR to investigate this complaint.
- Faxed or otherwise electronically delivered complaints will be logged into the system, but official investigation cannot begin until the original, signed copy is received.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Complainant

- **The OCR encourages you to make at least one complete copy of this package and keep it for your information.**
- **If you have chosen a Personal Representative, ensure that individual has a copy.**
- **Detach the *NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION* before submission.**

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***THIS SECTION IS FOR OCR USE ONLY.***

- |  |   |
|--|---|
| <input type="checkbox"/> DEO                                     | <input type="checkbox"/> Older Americans                  |
| <input type="checkbox"/> RWB                                     | <input type="checkbox"/> Unemployment Insurance           |
| <input type="checkbox"/> One Stop Center/location                | <input type="checkbox"/> Wagner-Peyser                    |
| <input type="checkbox"/> Community College                       | <input type="checkbox"/> Workforce Investment Act Title I |
| <input type="checkbox"/> Vocational/ Technical Education Program | <input type="checkbox"/> Welfare Transition               |
| <input type="checkbox"/> Service Provider                        | <input type="checkbox"/> Youth                            |
| <input type="checkbox"/> Other                                   |   |

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**Employment related**

- |  |  |
|--|--|
| <input type="checkbox"/> Access/Accommodation    | <input type="checkbox"/> Layoff / RIF                    |
| <input type="checkbox"/> Application/Process     | <input type="checkbox"/> Performance appraisal           |
| <input type="checkbox"/> Benefits                | <input type="checkbox"/> Political affiliation or belief |
| <input type="checkbox"/> Demotion                | <input type="checkbox"/> Promotion                       |
| <input type="checkbox"/> Disciplinary action     | <input type="checkbox"/> Reassignment/Transfer           |
| <input type="checkbox"/> Harassment/Intimidation | <input type="checkbox"/> Recall from RIF                 |
| <input type="checkbox"/> Hiring                  | <input type="checkbox"/> Testing/Qualifications          |
| <input type="checkbox"/> Job assignment          | <input type="checkbox"/> Termination/Dismissal           |
| <input type="checkbox"/> Job classification      | <input type="checkbox"/> Training                        |
| <input type="checkbox"/> Language barrier        | <input type="checkbox"/> Wages/Pay decision              |

**Service-delivery related**

- |  |  |
|--|--|
| <input type="checkbox"/> Access/Accommodation      | <input type="checkbox"/> Political affiliation or belief |
| <input type="checkbox"/> Benefits                  | <input type="checkbox"/> Placement                       |
| <input type="checkbox"/> Eligibility determination | <input type="checkbox"/> Referral                        |
| <input type="checkbox"/> Harassment/Intimidation   | <input type="checkbox"/> Selection/Enrollment            |
| <input type="checkbox"/> Interviewing              | <input type="checkbox"/> Testing/Assessment              |
| <input type="checkbox"/> Language barrier          | <input type="checkbox"/> Training program/Institution    |
|  | <input type="checkbox"/> Transportation                  |

**Comments:**