

# Equal Opportunity Discrimination Information Procedures & Complaint & Consent Forms



**ALASKA DEPARTMENT OF LABOR  
& WORKFORCE DEVELOPMENT**

**Division of Employment and Training Services**

The Civil Rights Center (CRC) is the federal enforcement agency with the United States Department of Labor (USDOL) located in Washington D.C., with jurisdiction over discrimination complaints alleging violations of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Workforce Innovation and Opportunity Act of 2004.

It is against the law to discriminate against any individual in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin including individuals with limited English proficiency, age, disability, political affiliation or belief, or against any beneficiary of, applicant to, or participant in, a state or federally funded program on the basis of the individual's citizenship status or participation in such state or federally funded program or activity.

Any person who believes that he or she, or any specific class of individuals, has been or is being subjected to discrimination has the right to file a complaint within one hundred and eighty (180) calendar days of the alleged discrimination. The filing period may be extended for good cause in some limited circumstances. However, only the Director of the U.S. Department of Labor, Civil Rights Center may extend the filing time.

When an individual believes they have been subjected to discrimination they may file a complaint within 180 days from the date of the alleged violation with either:

Department of Labor and Workforce Development  
Equal Opportunity Officer  
550 W. 7<sup>th</sup> Ave., Suite 1930  
Anchorage, Alaska 99501

**or**

Director, Civil Rights Center (CRC)  
U.S. Department of Labor, 200  
Constitution Avenue NW., Room N4123  
Washington, DC 20210  
or [www.dol.gov/crc](http://www.dol.gov/crc)

The complaint document must contain the following information:

- a) Complainant's name and address, or other means by which the complainant may be contacted;
- b) Identification of individual(s) or organization(s) responsible for the alleged discrimination; and
- c) A description of the complainant's allegations, which must include enough details to determine:
- d) recipient's jurisdiction of the complaint;
- e) if the complaint was filed timely;

- f) specific prohibited bases of the alleged discrimination (i.e., race, sex, etc.);
- g) apparent merit of the complaint;
- h) complainant's signature or the signature of his/her authorized representative

If the complaint is filed with the Division of Employment and Training Services (DETS) staff; they will immediately accept the complaint and forward the complaint to the Alaska Equal Opportunity (EO) Officer. The EO officer is the Department's designated staff person responsible and providing intake services for discrimination complaints and for resolving jurisdictional issues, if any.

Once a complaint has been filed with the Alaska EO Officer, the EO Officer has 90 days to issue a written Notice of Final Action. If the Alaska EO Officer is unable to provide a written Notice of Final Action within 90 days of the date the complaint was filed, a subsequent complaint may be filed with the Civil Rights Center. However, the CRC complaint must be filed within 30 days of the 90-day deadline.

**Alternative Dispute Resolution (ADR)/ Mediation Process** - Within ten (10) working days of receipt of the complaint, the EO Officer shall issue an acknowledgment of receipt of the initial complaint to the complainant and offer Alternative Dispute Resolution (ADR)/ Mediation Process. The ADR/mediation process is a conference between the parties to address and attempt to resolve the complaint and is facilitated by a disinterested third party. Both parties (complainant and respondent) must agree to participate; it is on a voluntary basis. The intended outcome is an agreement between the parties that resolves the issues raised in the complaint. The agreement will be resolved to writing, signed by all parties, and thereby becomes an enforceable contract designed to resolve identified issues and preserve the rights of a complainant.

ADR/mediation is voluntary; consent must be given by the complainant and respondent before the ADR process will proceed. The ADR will be conducted under the guidance of the EO Officer and may take place at any time after the complaint has been filed, as deemed appropriate by the EO Officer. The EO Officer will not suspend its investigation and complaint processes during ADR.

If the parties do not reach resolution under mediation, the complainant will be advised of his/her right to file a complaint with the CRC; however, the state EO Officer will continue with the investigation.

If at all possible, the mediation process should be completed within thirty (30) calendar days of receipt of the complaint. This will assist in keeping within the ninety (90) calendar-day timeframe of the written Notice of Final Action if the mediation is not successful.

**If a complaint does not contain enough information** - to identify the respondent or the basis of the alleged discrimination, the timeliness of the complaint, or the apparent merit of the complaint, the EO Officer will try to obtain the information from the complainant.

The EO Officer may close the complainant's file, without prejudice, if reasonable efforts are made by the EO officer to try to find the complainant, but is unable to reach him or her; or if the complainant does not provide the needed information within the time specified in the request for more information.

If the EO Officer closes the complainant's file, the EO Officer will send written notice to the complainant's last known address, email address or another known method of contacting the complainant in writing.

**Lack of jurisdiction** - If the EO Officer determines they do not have jurisdiction over the complaint, the complainant will be notified in writing, including reasons for the determination. This Notice of Lack of Jurisdiction will advise the complainant that they have the right to file with the Director of CRC within thirty (30) calendar days of the date of the Notice.

Lack of jurisdiction may include but not limited to situations where:

- the complaint alleges discrimination based on age, and the complaint falls within the jurisdiction of the Age Discrimination Act of 1975 as amended;
- the allegation is a charge of individual employment discrimination that is covered by both WIOA and;
  - Title VII of the Civil Rights Act of 1964, as amended
  - The Equal Pay Act of 1963, as amended
  - The Age Discrimination in Employment Act of 1976, as amended; and
  - Title I of the Americans with Disabilities Act of 1990, as amended;
- the complaint alleges discrimination by an entity that operates a program or activity financially assisted by another agency other than the Department of Labor; and
- the complaint alleges discrimination on a basis that is prohibited by program regulations and its sole jurisdiction belongs to the Civil Rights Commission.

If the EO Officer determines that another entity has jurisdiction, they will promptly refer the complaint to that entity and also promptly notify the complainant of the referral.

A complaint that is not based on alleged discrimination or equal opportunity, but based on whether staff have applied the law, regulations, and professional protocol appropriately while making program decisions is considered a program complaint and the complainant must follow the [Program Complaint and Appeal Policy 07-510](#).

**Withdrawing a complaint-** The complainant has the right to withdraw the complaint, in writing, at any time.

## Equal Opportunity Complaint Form

Please answer each question as completely as possible. All questions are required to be completed and if you do not know the answer to a question, put “unknown”. If the question does not apply to your case, put “N/A”.

1. Complainant’s Name:

Address:

City:

State:

Zip Code:

Phone Number to reach you regarding this complaint: Email Address:

Best time to contact you regarding this complaint:

2. Representative’s Name (if applicable):

Representative’s Organization (if any):

Address:

City:

State:

Zip Code:

Phone Number to reach you regarding this complaint:

Email Address:

Best time to contact you regarding this complaint:

3. This complaint is about something that happened to:

Only the complainant

Complainant and other people

Other people but not the complainant

4. Please give the name of the agency, organization, or business, contact information and name of the person(s) who the discrimination complaint is against:

Name of Agency, Organization, or Business Address:

Name(s) of person(s) identified in the complaint and their Job Title:

Telephone Number(s):

E-mail Address:

5. What program was involved in the discrimination? 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”. (Check all that apply)

Workforce Innovation and Opportunity Act (WIOA)

Adult Program

Dislocated Worker Program

Youth Program

Older Workers Program - Senior Community Service Employment Program (SESEP)

State Training and Employment Program (STEP)

Trade Assistance Act Program (TAA)

Other Program (please specify)

American Job Center (please specify)

State or Local Government (please specify)

Do not know

6. What do you think was the basis (reason) for the alleged discrimination? (Check all that apply.)

Because of my National Origin    Are you Hispanic or Latino    Yes    No

What is your national origin? (Country you, your parents, your grandparents, or earlier ancestors came from?)

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 (check all that applies)

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 Sexual Orientation    What is your sexual orientation?

Because of my Gender Identity    What is your gender identity?

Because of my Color    What is your color?

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    What is your disability

Please check one of the following three boxes

I have a disability (which may be active or inactive right now)

I have a record of a disability    What is your past disability

Equal Opportunity Employer/Program

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 of the program

I was Retaliated Against because I complained about discrimination or because I gave a statement or was involved in some other way with someone else's discrimination complaint

7. For each of the bases (reasons for discrimination) checked above, please explain what happened, how you or someone else was harmed by what happened, and how or why you think what happened was because of the reasons checked. For example if you checked "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.
8. 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 provide the name(s) of and contact information for any of the people involved, if you can.
9. On what date(s) did the alleged discrimination take place?  
Date of the first action:  
Date of the most recent action:  
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.
10. Please list below any other witness(es), coworker(s), supervisor(s), or other(s) that you have not already named and their contact information about your complaint.  
Person's Name:  
Relationship to Case (witness, coworker, etc.)  
Telephone number(s)  
E-mail address(es)
11. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), or State Equal Opportunity Officer, about the same events or cations you described on this Complaint Information Form? Yes No  
If yes, please answer these questions, as best you can, about each agency, department, organization, or business where you filed a written complaint.  
When did you file your first written complaint? Date Filed  
Where did you file the complaint?

Name of specific Office or Agency, Department, Organization, or Business

Address

Name and Contact Information for person working on your complaint, if known.

Has the place where you filed your first written complaint given you a final decision about the complaint? Yes No 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 responses to your complaint that you have received.

12. 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 the Civil Right Center enforces do not allow for punitive damages.

13. Please sign and date this form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant's Representative

\_\_\_\_\_  
Date

**Please mail, or email the complaint to:**

Department of Labor and Workforce Development  
Equal Opportunity Officer  
550 W. 7<sup>th</sup> Ave., Suite 1930  
Anchorage, Alaska 99501; or

**Email:** [louise.dean@alaska.gov](mailto:louise.dean@alaska.gov)

The information in this form is needed for the Department of Labor and Workforce Development to accept your discrimination complaint. The Equal Opportunity Officer will use the information to process, and where appropriate to investigate, the complaint.

Please read the Notice of **How Personal Information is Used**, sign the **Consent Form** and submit the Consent Form to the Equal Opportunity Officer, along with this Complaint Information Form.



## How Personal Information Is Used

Two Federal laws govern personal information that is given to State agencies, such as the Equal Opportunity Officer. These two laws are the Privacy Act of 1974 (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C. 552), known as “FOIA”. This Notice describes how each of these laws applies to information connected with the complaint.

The **PRIVACY ACT** protects you from misuse of personal information that the State government has about you. The law applies to records that are kept and can be located by a person’s name, social security number, or other personal identification system. Anyone who submits information to the State of Alaska in connection with a discrimination complaint should know the following:

1. The Civil Rights Center enforces civil rights laws that cover State and local government agencies, programs conducted by Department of Labor (DOL), recipients of financial assistance from other Federal departments and agencies “covered entities”. The State of Alaska 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/gender, religion, political affiliation or belief, citizenship, and participation in a program or activity that receives financial assistance. The State of Alaska is also authorized to conduct reviews of covered entities to evaluate whether they are complying with the civil rights laws that Civil Rights Center (CRC).
2. Information that the State of Alaska collects is analyzed by authorized personnel within the agency. This information may include personnel records or personal information. State of Alaska 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 compliance determination. Such details could include the physical condition or age of a complainant. The State of Alaska may also 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, the State of Alaska 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.
4. No law requires a complainant to give personal information to the State of Alaska, and no sanctions will be imposed on complainants or other individuals who deny the State’s request.

However, if the State of Alaska 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 the State of Alaska to exercise authority to exempt systems of records only in compelling cases. The State of Alaska may deny a complainant access to the files compiled during the agency investigation of his or her complaint against a covered entity. Complaint files are exempt in order to aid negotiations between covered entities and the State in resolving civil rights issues and to encourage covered entities to furnish information essential to the investigation.
  
6. The State of Alaska 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. The State of Alaska 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, or otherwise required by law.

The **FREEDOM OF INFORMATION ACT** gives the public access to certain files and records of the State of Alaska. Individuals can obtain items from many categories of records of the Government – not just materials that apply to them personally. The State of Alaska must honor requests under the Freedom of Information Act, with some exceptions. The State of Alaska 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 State agency may refuse a request for records compiled for law enforcement purposes if their release could be an “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 STATE OF ALASKA EQUAL OPPORTUNITY OFFICER WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.

## Consent Form

I have read the State of Alaska’s notice entitled “How Personal Information is Used”. I understand the following conditions apply to personal information I disclose to the State of Alaska in connection with my complaint:

- The State of Alaska 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 the State of Alaska, but the State of Alaska 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 the State of Alaska keeps in my complaint file; and
- Under certain conditions, the State of Alaska may be required by the Freedom of Information Act or other laws to disclose my personal information to others.

**YES, THE STATE OF ALASKA MAY DISCLOSE MY IDENTITY IF NECESSARY TO FULLY INVESTIGATE MY COMPLAINT.**

I have read and understand the notice “How Personal Information is Used”, and I give consent to the State of Alaska to disclose my identity to the respondent, if necessary to fully investigate my complaint.

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Signature

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Date

**NO, THE STATE OF ALASKA MAY NOT DISCLOSE MY IDENTITY TO THE RESPONDENT, EVEN IF NECESSARY TO FULLY INVESTIGATE MY COMPLAINT.**

I have read and understand the notice “How Personal Information is Used”, and I understand that the State of Alaska **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 the State of Alaska to disclose my identity to the respondent during the investigation of my complaint.

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Signature

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Date