

Washington Discrimination Complaint 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 contact information below. *If you are a representative of the complainant, give the complainant’s name and contact information in this section, and your own name and contact information in section 2A.

Complainant’s Name:

**Street or Mailing Address,
City, State, Zip Code:**

Telephone number(s):

Email Address:

***2A. If you are the complainant's 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 the complainant's representative.**

Representative's Name:

Representative's Organization (if any):

**Street or Mailing Address,
City, State, Zip Code:**

Telephone number(s):

Email Address:

For the rest of the questions on this form, if you are filing this discrimination complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if they were filling out the form.

***3. This discrimination complaint is about something that happened to (please check the appropriate box):**

Only me Me and other people Other people, but not me

I am a: Customer Employee Job applicant

***4. Please give the name of the WorkSource Center, service provider, or organization that you are complaining about. If you have any contact information for the WorkSource Center, service provider, or organization, please give that information as well.**

Name of Office or Organization:

Street or Mailing Address,

City, State, Zip Code:

Telephone Number(s):

Email 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 discrimination complaint does not involve a WorkSource Center or a service provider, please check "Do not know".

- Employment Service or Job Service
- Migrant and Seasonal Farm Workers Program
- Paid Family and Medical Leave
- Trade Adjustment Assistance Program
- Unemployment Insurance Benefit Program
- Workforce Innovation and Opportunity Act Program (Dislocated Worker, Adult, Youth)

- Other (what program?)

- Do not know

***6. What person(s), if known, at the WorkSource Center, service provider or organization listed in response to question 4 above was engaged in the alleged discrimination?** If you need more space to list all the people, please attach more pages to this form.

Person's Name:
Job Title:
Telephone Number:

***7. What do you think was the *basis (reason)* for the alleged discrimination?** Please check the boxes next to all of the bases (reasons) you think were involved in the alleged discrimination, and answer any other questions that go along with that box.

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 national origin (please answer the questions below).

Are you Hispanic or Latino? Please check a box. 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?

Because of my race (please check all that apply).

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Because of my color. What is your color?

Because of my sex. What is your sex?

Because of my gender identity. What is your gender identity?

Because of my transgender status.

Because of sex stereotyping.

Because of my pregnancy and related medical conditions.

Because of childbirth and related medical conditions.

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 citizenship. What is your citizenship?

Because of my participation in a program that receives federal financial assistance.
Name 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.

***8 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 discrimination.** 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 you or the person(s) who were harmed.

If other persons or groups were treated differently from you, 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, in known.

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

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

Date of the first action:

Date of most recent action:

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

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

Person's Name:
Relationship to case (witness, coworker, etc.):
Telephone number(s) and/or email address(es):

Person's Name:
Relationship to case (witness, coworker, etc.):
Telephone number(s) and/or email address(es):

Person's Name:
Relationship to case (witness, coworker, etc.):
Telephone number(s) and/or email address(es):

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 CRC enforces do not allow for punitive damages. Money may only be awarded to compensate victims of discrimination for actual losses.*

***12. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), the Washington State Human Rights Commission (HRC), or the U.S. Department of Labor Civil Rights Center (CRC), about the same events or actions you describe on this form? If yes, please answer these questions as best you can about each organization where you filed a written complaint.**

Where did you file your complaint?

When did you file your complaint?

Name and contact information for the 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?

If yes, what was the date of the final decision?

Was the decision in writing? Include copies of written decisions, dismissals, or Right-to-Sue Letters, or other written responses to your complaint that you have received.

*13. Please sign and date this form in the appropriate space below.	
Signature of Complainant:	Date:
Signature of Complainant's Representative:	Date:

Please mail or email your complaint to:

State-Level Equal Opportunity Officer
Teresa Eckstein
teresa.eckstein@esd.wa.gov
855-836-5598, Washington Relay Service 711
Employment Security Department
PO Box 9046
Olympia, WA 98507-9046

or

The Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210

or, electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with both the CRC and the State-Level Equal Opportunity Officer, the State-Level Equal Opportunity Officer has 90 calendar days to process the discrimination complaint and CRC shall not investigate the complaint until the 90 calendar-day period has expired.