



Connecting Talent with Opportunity

Columbus, Georgia

Georgia's First Consolidated Government
P.O. BOX 1340 COLUMBUS, GEORGIA 31902-1340
JOB TRAINING DIVISION
Office: (706) 653-4529 Fax: (706) 653-4533

INSTRUCTIONS: Please fill out Questions 1-5 for a general complaint. If you feel you have been discriminated against, please complete Questions 6-11. This form should be completed and submitted within one hundred and eighty (180) days of the date of the alleged discriminatory act (29 C.F.R. §38.69(c)). Once you have completed the appropriate questions, please sign and date at the end of this form. If you require assistance in completing this form, please contact the Technical College System of Georgia, Office of Workforce Development (OWD), and request the Compliance Team.

For general complaints and pursuant to Section 181 of the Workforce Innovation and Opportunity Act, the State shall provide the complainant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if expressly requested in writing by the complainant. In the event a hearing is not requested, WFD shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated within sixty (60) days of the complaint's filing. In the event the complainant is dissatisfied with the State's decision or the State fails to issue a decision within sixty (60) days of the complaint's filing, he or she may appeal the State's decision to, or notify if the State failed to respond within sixty (60) days, the United States Department of Labor Secretary. If such an appeal is made, the Secretary shall issue a final determination within one hundred and twenty (120) days of the receipt of the appeal.

WORKSOURCE LOWER CHATT WDA-14:
ATTN: Ms. Feleshia Marshall, WIOA EO Officer
1111 1st Avenue, Suite 2145
Columbus, GA 31902
Phone: (706) 653-4529; Fax: (706)225-45332
Submissions should be sent to: JTD@columbusga.org

1. Complainant Information:

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Email Address _____ Are you a TCSG Employee? Yes No

2. Respondent (Agency, Employee, or Employer you are making the complaint against):

Name _____ Telephone (____) _____ - _____

Address _____ City _____ State _____ Zip _____



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3. What is the most convenient time for us to contact you about this complaint? _____

4. Briefly describe, as clearly as possible, your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.

a. Please explain the basis of the complaint.

b. Who was involved? Include witnesses, fellow employees, supervisors, or other. Provide names, addresses, and telephone numbers if known.

c. Please list the location and date.

5. Were you offered employment services? (if applicable) Yes No N/A

This is all that is required for a general complaint, please sign and date at the end of this form.

Please complete this section if you suspect you have been or are being discriminated against.

Pursuant to 29 C.F.R. §38.35, a discriminatory complaint must be filed within one hundred and eighty (180) days of the alleged discriminatory act. Per 29 C.F.R. §38.72 WFD will provide a "Written Notice of Final Action" within 90 days of the date on which the complaint was filed. If the complainant is dissatisfied with WFD's decision, or if WFD fails to issue a notice of Final Action within the 90-day period, the complainant, or his/her representative, may file a complaint with the Director of the United States Department of Labor's Civil Rights Center within thirty (30) days of receiving the Written Notice of Final Action (§38.72 and §38.76). To clarify, the complainant must file with the Director within one hundred and twenty (120) days of the date on which the complaint was filed with the recipient (§38.76).

6. Do you feel you have been discriminated against? Yes No

7. On what date did the alleged discriminatory action occur? _____



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8. Check all grounds of discrimination that apply and specify the characteristic.

- | | |
|---|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Disability _____ |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Citizenship _____ |
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> Sexual Harassment _____ |
| <input type="checkbox"/> Pregnancy _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Childbirth, and related medical conditions _____ | <input type="checkbox"/> Political Affiliation or belief _____ |
| <input type="checkbox"/> Sex stereotyping _____ | <input type="checkbox"/> Reprisal/Retaliation _____ |
| <input type="checkbox"/> Transgender status _____ | <input type="checkbox"/> Color _____ |
| <input type="checkbox"/> Gender identity _____ | <input type="checkbox"/> National Origin _____ |
| | <input type="checkbox"/> Limited English Proficiency _____ |
| | <input type="checkbox"/> WIOA Beneficiary Status _____ |
| | <input type="checkbox"/> Other _____ |

9. 9.How were you treated differently?

10. Do you have an attorney or other representative for this complaint? Yes No

If yes, please provide the following:

Name _____ Telephone (_____) _____ - _____

Address _____ City _____ State _____ Zip _____

11. If you have filed a case or complaint with any other government agency or non-federal entity, please list below:

Agency _____ Date filed _____

Case or Docket No. _____

Date of Trial or Hearing _____

Location of Agency or Court _____

Name of Investigator _____

Status of Case _____

Comments _____

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to 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.

Complainant Signature _____ Date _____