Missouri Division of Workforce Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

Missouri Department of Economic Development
Missouri Division of Workforce Development

DISCRIMINATION COMPLAINT INFORMATION

FOR DWD OFFICE USE ONLY
DCIF Received:
By: _____ ☐ Accepted
Date: _____ ☐ Not Accepted

Complainant Information *(please print)*

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER *(voluntary/optional)*

HOME STREET ADDRESS	HOME TELEPHONE NUMBER *(include Area Code)*	WORK TELEPHONE NUMBER *(include Area Code)*

CITY	STATE	ZIP CODE	EMAIL ADDRESS *(if available)*
	MO		

Respondent Information *(please print)*

NAME of AGENCY	TELEPHONE NUMBER *(include Area Code)*

STREET ADDRESS OF AGENCY	FAX NUMBER *(include Area Code)*

CITY	STATE	ZIP CODE	EMAIL ADDRESS *(if available)*
	MO		

Complaint Specifics *(please print)*

What is the most convenient place and time for us to contact you about this complaint? Place: _____ Date: _____ Time: _____ ☐ AM ☐ PM

To the best of your recollection, on what dates did the discrimination take place? Date of first occurrence: _____ Date of most-recent occurrence: _____

Have you ever tried to resolve this complaint at the Federal level? ☐ Yes ☐ No
(for example, the U.S. Department of Labor Civil Rights Center; the U.S. Department of Health and Human Services; or the U.S. Department of Agriculture)

If "Yes," have you been provided with a final decision at the Federal level regarding your complaint? ☐ Yes ☐ No

Explain as briefly and as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Also, attach any additional written material pertaining to your case to this form.)
EXPANDABLE

To the best of your knowledge, which of the following Missouri One-Stop System programs or services were involved? *(Check one)*

☐ Adult Programs ☐ Dislocated Worker Program
☐ Workforce Investment Act (WIA) ☐ Youth Programs ☐ Other: _____

Basis of Complaint: Which of the following best describes why you believe you were discriminated against? *(Check **all** that apply)*

☐ Age *Specify (Date of Birth):* _____
☐ Citizenship *Specify:* _____
☐ Color *Specify:* _____
☐ Disability *Specify:* _____
☐ Gender ☐ Male ☐ Female
☐ National Origin *Specify:* _____
☐ Political Affiliation *Specify:* _____
☐ Race *Specify:* _____
☐ Religion *Specify:* _____
☐ Reprisal/Retaliation *Specify:* _____
☐ Other *Specify:* _____

Do you think the discrimination against you involved: *(Check one)*

☐ Your job, or seeking employment? **OR** ☐ Your using facilities or someone providing you with services or benefits?

If so, which of the following are involved? *(Check all that apply)*

☐ Access/Accommodation
☐ Application
☐ Benefits
☐ Discharge/Termination
☐ Discipline/Reprimand
☐ Enrollment
☐ Exclusion
☐ Grievance Procedure
☐ Harassment
☐ Hiring
☐ Intimidation/Reprisal
☐ Job Classification
☐ Layoff/Furlough
☐ Performance Appraisal
☐ Placement
☐ Promotion
☐ Qualification Testing
☐ Recall (from Layoff/Furlough)
☐ Referral
☐ Seniority
☐ Training
☐ Transfer
☐ Transition
☐ Union Activity
☐ Union Representation
☐ Wages
☐ Other *(specify)*: _____

What other information do you think is relevant to our investigation? THIS BOX WILL EXPAND TO PROVIDE ADDITIONAL SPACE

If this complaint is resolved to your satisfaction, what remedy do you seek? THIS BOX WILL EXPAND TO PROVIDE ADDITIONAL SPACE

Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

NAME	**ADDRESS**	**TELEPHONE NUMBER** *(include Area Code)*

Do you have an attorney? ☐ Yes ☐ No If "Yes," please provide attorney's name, address, and phone number below:

ATTORNEY NAME	ATTORNEY ADDRESS	ATTORNEY TELEPHONE NUMBER *(include Area Code)*

Have you filed a case or complaint with any of the following? *(check all that apply)*

☐ Missouri Commission on Human Rights
☐ Federal or State Court
☐ Civil Rights Division, U.S. Department of Justice
☐ U.S. Equal Employment Opportunity Commission

For each item checked above, please provide the information below:

AGENCY	DATE FILED	CASE OR DOCKET NUMBER

LOCATION OF AGENCY OR COURT	DATE OF TRIAL OR HEARING

NAME OF INVESTIGATOR	STATUS OF CASE

COMMENTS THIS BOX WILL EXPAND TO PROVIDE ADDITIONAL SPACE

AGENCY	DATE FILED	CASE OR DOCKET NUMBER

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COMMENTS THIS BOX WILL EXPAND TO PROVIDE ADDITIONAL SPACE

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COMMENTS THIS BOX WILL EXPAND TO PROVIDE ADDITIONAL SPACE

This complaint is not valid unless signed and dated. **Please note:** Filing a discrimination complaint with the Division of Workforce Development does not protect your legal rights regarding other employment discrimination laws. You may file a separate discrimination complaint with the Missouri Commission on Human Rights (MCHR) at (573) 751-3325, or online at http://labor.mo.gov/mohumanrights/File_Complaint/. Complaints filed with DWD, or complaints filed under the Missouri Human Rights Act with the MCHR, must be filed within 180 days from the date of the alleged violation.

SIGNATURE	DATE

CONSENT FORM

I have filed a Division of Workforce Development (DWD) Discrimination Complaint and understand and agree to the following terms and conditions regarding resolution and investigation of my complaint:

a) In the course of investigating my complaint, DWD may have to reveal my identity to staff of the program named in my complaint to obtain facts and evidence regarding my complaint;

b) I may request and receive a copy of any of my own personal information DWD keeps in my complaint file for investigatory uses, and;

c) Under certain conditions, DWD may be required by the Missouri Sunshine Law, Chapter 610, to reveal to others personal information I have provided in connection with my complaint.

☐ **Yes, DWD may disclose my identity if necessary to investigate my complaint.**

NAME *(please print in full)*	
SIGNATURE _____	DATE

☐ **No, DWD may *not* disclose my identity, even if necessary to process my complaint.**

I do not consent for DWD to disclose my identity during investigation of my complaint. I request that DWD process my complaint; however, I understand that DWD may close my complaint if it cannot begin an investigation because I have not consented for DWD to reveal my identity.

NAME *(please print in full)*	
SIGNATURE _____	DATE

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