State of Illinois

Illinois Department of Commerce and Economic Opportunity

Workforce Innovation and Opportunity Act
Discrimination Complaint Form

Complainant’s Name: _______________________ Status of Complainant: (check one)
  □ Employee:
  □ Applicant:
  □ Participant:
  □ Other:

Address: _______________________ Phone: _______________________ Email: _______________________

Complainant’s Name: _______________________ Status of Respondent (s):
  □ Service Provider:
  □ Adm. Entity:
  □ Grant Recipient:
  □ Private Employer:

Position: _______________________ Address: _______________________ Phone Number: _______________________ Position: _______________________ Address: _______________________ Phone Number: _______________________ Position: _______________________ Address: _______________________ Phone Number: _______________________ Position: _______________________ Address: _______________________ Phone Number: _______________________

Basis of Complaint Alleged Has a charge been filed with? (Please circle)

☐ Race: Specify__________________________ Yes No IL Dept. Of Rehab Services
☐ Color: Specify__________________________
☐ Religion: Specify________________________
☐ National Origin: Specify____________________
☐ Sex: Circle Male/Female
☐ Age: Specify Date of Birth ______________________
☐ Disability: Specify________________________
☐ Political Affiliation or Belief: Specify____________________
☐ Citizenship: Specify_____________________
☐ Sexual Harassment: Specify____________________
☐ Sexual Orientation: Specify____________________
☐ Pregnancy: Specify_____________________
☐ Retaliation: Specify______________________

Has a charge been filed with? (Please circle)

Yes No US Department of Labor
Yes No US Equal Employment
Opportunity Commission

To the best of your knowledge, what date(s), times(s) and place(s) did the alleged complaint(s) occur? (if applicable)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Date complaint was presented to immediate supervisor? (if applicable) ______________________________
Was it Oral or Written? ________________________

Signature/date of immediate supervisor acknowledging discussion of complaint: (if applicable)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date: __________________________

Have you attempted to resolve this complaint? (please circle) Yes No

Explain briefly and clearly what happened and how you were discriminated against. State the facts as alleged, including pertinent dates, constituting the alleged violation. Indicate who (names and titles) was involved and be sure to include how other person(s), if known, were treated differently from you. Attach any written documentation/material pertaining to the case. Please state the provisions of WIOA, including regulations, grants, contracts, or other agreements believed to be violated.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Attach additional sheets, if necessary. Each sheet/attachment should identify complainant by name, be signed by complainant and dated.

Remedy sought by complainant:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you have an attorney? (please circle)
Yes No

Attorney’s Name and Address:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date: __________________________

Signature of Complainant/Authorized Representative
__________________________________________________________________________________________
__________________________________________________________________________________________

Date: __________________________

Signature of EO Officer