



## DISCRIMINATION COMPLAINT FORM (WIOA)

The Office of Diversity and Civil Rights Compliance  
141 Pryor Street, SW, 5th floor  
Atlanta, Georgia 30303  
404-612-7305

### TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT DISCRIMINATION COMPLAINT PROCEDURE DESCRIPTION

The Office of Diversity and Civil Rights Compliance (DCRC) is pleased to have an opportunity to assist you.

In order to assist you properly, the DCRC needs your cooperation in obtaining information that will allow staff to provide you with the best service possible. The attached Discrimination Complaint Form is designed to provide the information needed to get started. The Discrimination Complaint Form must be fully completed.

Please return the completed Discrimination Complaint Form to a DCRC administrative support member who will forward your paperwork to the EO Officer, Stephanie Randolph. The EO Officer will schedule a follow up appointment to review your information with you. The EO Officer will talk with you about your concerns and issues so that a detailed understanding of your case can be developed.

The information you have provided will be reviewed and where appropriate an EEO Officer will be assigned to contact and work with you to resolve your concerns. The EEO Officer you worked with initially may/may not be the person who is assigned to work with you to resolve your concerns.

Please complete the Discrimination Complaint Form and attach any documentation you may have pertaining to the issues you have expressed. Discrimination Complaint Forms should be mailed or hand-delivered to **The Office of Diversity and Civil Rights Compliance, 141 Pryor Street, SW, 5th Floor Atlanta, Georgia 30303**. If you require any help or have any additional questions, you may call the Office of Diversity and Civil Rights Compliance at (404) 612-7305 or contact Melissa Cuthrell, DCRC Officer II, at (404) 612-8356.

Thank you for contacting us. We look forward to working with you.

"Fulton County is an equal opportunity employer encouraging diversity!"  
If you need reasonable modifications due to a disability, including communications in an alternate format,  
please contact (404) 612-7305.  
For TDD/TTY or Georgia Relay Service Access, dial 711.

## FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE



### FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT FILING AN EQUAL OPPORTUNITY DISCRIMINATION COMPLAINT AGAINST A PROGRAM FINANCIALLY ASSISTED UNDER TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

#### 1. What is considered discrimination under WIOA?

Discrimination is biased or unfair treatment against an individual because of one's race, color, religion, sex, national origin, age, disability, political affiliation or belief or any program beneficiary due to their citizenship/status as a lawfully admitted immigrant authorized to work in the United States.

#### 2. What treatment is considered discriminatory under WIOA?

Discrimination is prohibited in any of the following areas:

- a. deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- b. providing opportunities in, or treating any person with regard to, such a program or activity; or
- c. making employment decisions in the administration of, or in connection with, such a program or activity.

#### 3. I think I have been discriminated against, but I'm not sure. What do I do?

Individuals who feel they have been discriminated against should call the Office of Diversity and Civil Rights Compliance to schedule an appointment to discuss your complaint. During the intake process, it will be determined whether or not your complaint has a discriminatory basis.

#### 4. When should I file a complaint?

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you should file a complaint. A complaint of discrimination must be filed with the Office of Diversity and Civil Rights Compliance within 180 days from the date of the alleged violation. Under certain conditions, a waiver of the filing deadline may be granted. Waivers will be approved or denied at the time an untimely charge is filed.

#### 5. Is the Office of Diversity and Civil Rights Compliance the only place I can file a charge of discrimination?

No. Individuals who feel they have been discriminated against may file a complaint with the WIOA Title I State Equal Opportunity Officer listed below:

David Dietrichs  
Deputy Counsel  
Georgia Department of Economic Development  
Workforce Division  
P (+1) 404-962-4136  
F (+1) 404-486-1181  
[DDietrichs@georgia.org](mailto:DDietrichs@georgia.org)  
75 Fifth St. NW Suite 845  
Atlanta, GA 30308

**OR**

Individuals may also file with the **Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210.** Individuals can file a complaint of

discrimination with either the Office of Diversity and Civil Rights Compliance or the Civil Rights Center. However, if you file your complaint with DCRC, you must wait either until a written Notice of Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

**6. What happens if I do not receive a written Notice of Final Action within 90 days of my filing date?**

If you do not receive a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the Notice before filing a complaint with the Civil Rights Center (CRC). However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

**7. What happens if I am dissatisfied with the decision or resolution issued by DCRC in the written Notice of Final Action?**

Individuals who are dissatisfied with the decision or resolution issued by DCRC in the written Notice of Final Action may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**8. What happens if the unfair treatment I allege is not discrimination?**

If it is determined after an intake interview that your complaint is not based on discrimination, you will be referred to the appropriate resource for the resolution of your complaint. The Fulton County Office of Workforce Development and the Grievance Process are resources for individuals to resolve complaints that do not have a discriminatory basis.

***Equal Opportunity Is the Law!***

*29CFR §38.30*

*It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:*

*against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and*

*against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.*

**FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE  
DISCRIMINATION COMPLAINT FORM**

**Instructions: Complete this form by providing as much detailed information as possible.  
You may attach additional sheets if necessary.**

<b>1. NAME (Last, First, Middle)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<b>2. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER</b>

<b>3. HOME ADDRESS (No. and Street) Apt #</b>	<b>4. CITY AND STATE</b>	<b>ZIP CODE</b>

<b>5. HOME PHONE + AREA CODE</b>	<b>6. WORK PHONE</b>	<b>7. PAGER/CELL</b>

<b>8. E-MAIL ADDRESS</b>	<b>9. RACE</b>	<b>10. GENDER</b>	<b>11. DATE OF HIRE (IF APPLICABLE)</b>

<b>12. DEPARTMENT CODE (IF APPLICABLE)</b>	<b>13. IMMEDIATE SUPERVISOR (IF APPLICABLE)</b>	<b>14. SUPERVISOR PHONE (IF APPLICABLE)</b>

<b>15. YOUR WORK LOCATION (IF APPLICABLE)</b>	<b>16. YOUR POSITION/TITLE (IF APPLICABLE)</b>

**17. CURRENT EMPLOYMENT STATUS (Check One):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Classified Full Time Employee   | <input type="checkbox"/> Contract Employee  | <input type="checkbox"/> Contractor/Sub-Contractor            |
| <input type="checkbox"/> Grant-Funded Employee           | <input type="checkbox"/> Part-Time Employee | <input type="checkbox"/> Participant                          |
| <input type="checkbox"/> Probationary Employee           | <input type="checkbox"/> Temporary Employee | <input type="checkbox"/> Applicant                            |
| <input type="checkbox"/> Unclassified Full Time Employee | <input type="checkbox"/> Work Test Employee | <input type="checkbox"/> Other (e.g. Citizen, Client, Patron) |

**18. Are you currently working with an employee organization/union representative or attorney?**

Yes       No      **If yes, please provide the following information:**

**Name of Organization/Union:** \_\_\_\_\_

**Name of Representative:** \_\_\_\_\_

**Name of Attorney:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**19a. Have you ever filed a charge alleging similar facts with any of the following offices? Check all that apply.**

- DCRC                       EEOC                       Grievance                       State Agency  
 CRC                       Local Agency                       State Court                       Federal Court  
 Other Federal Agency

**19b. Provide a brief summary of the allegations of the previously filed charge/complaint:**

**20a. INDICATE THE BASIS FOR THE ALLEGED DISCRIMINATION. Check all boxes that apply:**

**DISCRIMINATION**

- AGE (40 AND OVER)                       COLOR                       DISABILITY – EMPLOYMENT  
 GENECTIC INFO                       GENDER                       NATIONAL ORIGIN  
 PREGNANCY                       RACE                       RELIGION  
 RETALIATION                       GENDER IDENTITY                       SEXUAL HARASSMENT  
 UNIFORMED SERVICE-MEMBER STATUS                       VETERNS STATUS  
 DISABILITY – PROGRAM ACCESS                       TITLE VI – CRA  
 OTHER \_\_\_\_\_

**20b. WHO IS BEING NAMED AS THE ALLEGED VIOLATOR(S)?**

<b>1.</b>			
	<b>Name</b>	<b>Job Title</b>	<b>Department</b>
			<b>Phone</b>
<b>2.</b>			
	<b>Name</b>	<b>Job Title</b>	<b>Department</b>
			<b>Phone</b>
<b>3.</b>			
	<b>Name</b>	<b>Job Title</b>	<b>Department</b>
			<b>Phone</b>

**20c. IDENTIFY THE ISSUE(S) FOR THE ALLEGED DISCRIMINATION. Check all boxes that apply and provide the date on the line:**

**ISSUE(S)**

- |   |   |
|---|---|
| <input type="checkbox"/> DISCHARGE _____                      | <input type="checkbox"/> DISCIPLINE _____           |
| <input type="checkbox"/> FORCED RESIGNATION _____             | <input type="checkbox"/> DEMOTION _____             |
| <input type="checkbox"/> FAILURE TO PROMOTE _____             | <input type="checkbox"/> FAILURE TO HIRE _____      |
| <input type="checkbox"/> DENIED REASONABLE ACCOMODATION _____ | <input type="checkbox"/> INVOLUNTARY TRANSFER _____ |
| <input type="checkbox"/> HOSTILE WORK ENVIRONMENT _____       | <input type="checkbox"/> WIOA TITLE I _____         |
| <input type="checkbox"/> DENIED ACCESS TO SERVICES _____      |   |
| <input type="checkbox"/> OTHER _____                          |   |

**20d. Briefly describe your issue, concern or complaint in detail including dates. Attach any documents or other evidence which you believe will help clarify, support or provide any useful additional information.**

**20e. WHAT WOULD YOU ACCEPT AS A REASONABLE RESOLUTION TO YOUR COMPLAINT?**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**