

## **Part I. Instructions**

Please read the form carefully. Type or print your answers. Answer each question as completely as possible. If you do not know the answer to a question, please respond that “do not know.” If the question doesn’t apply to your complaint, please respond “N/A.” If you cannot fit your whole answer in the space provided, you may add additional pages.

**The South Carolina Department of Employment and Workforce’s Office of Equal Opportunity (OEO) requests the personal information within this form only for the purpose of carrying out authorized activities in compliance with the Workforce Innovation and Opportunity Act. OEO will not release personal information to any person or entity unless release is required by the Freedom of Information Act, or unless it is necessary in the investigation of your complaint.**

**No law requires that a complainant reveal personal information to the Office of Equal Opportunity. However, if OEO cannot obtain information needed to fully investigate the allegations within the complaint, OEO may close the case.**

\* The complainant is the participant, or other interested party, alleging the violation of WIOA Title I requirements.

\* A discrimination complaint must include:

- 1) Complainant’s name, mailing address, and if available email address or other means of contacting the complainant.
- 2) Identity of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination).
- 3) Information to show when the alleged discrimination occurred and when this complaint was filed.
- 4) Enough detail in the allegations of discriminations to indicate, if true, a violation of the nondiscrimination and equal opportunity provisions of WIOA.
- 5) Written or electronic signature.

S.C. Department of Employment and Workforce  
Office of Equal Opportunity: WIOA Unified Complaint Information Form

You may submit your complaint by mail, email or fax to:

Mail:           Office of Equal Opportunity  
                  South Carolina Department of Employment and Workforce  
                  P.O. Box 908  
                  Columbia, SC 29202

Email:           [complaints@dew.sc.gov](mailto:complaints@dew.sc.gov)

Fax:            (803) 737-0124

## Part II. Contact Information

### 1. Complainant Information

Name (Last, First, Middle Initial)

Mailing Address (No., Street, Apt) (City, State, ZIP Code)

Phone Number E-Mail

Alternate Phone Number Alternate E-mail

### 2. Representative Information ☐ Not Applicable

Name (Last, First, Middle Initial)

Mailing Address (No., St., Apt) (City, State, ZIP Code)

Phone Number E-mail

**If you are the representative filing out the complaint, attach a letter or other document signed by the complainant, authorizing you to serve as the representative.**

### 3. Agency, organization, or business that you are complaining about

Name

Mailing Address (No., St, Apt) (City, State, ZIP Code)

Phone Number E-mail

### 4. If applicable, individuals who conducted the action you are complaining about

Name Job Title

Phone Number E-mail

### III. Complaint Details

5. What program(s) was involved? (check all that apply)

Workforce Innovation and Opportunity Act Program

Older Workers Program (Senior Community Service Employment Program)

Indian/Native American Program

Migrant and Seasonal Farm Workers Program

Vocational Rehabilitation

Job Corps Program

Unemployment Insurance

Employment Service or Job Service

Trade Assistance Act Program

SC Works Center

Other \_\_\_\_\_

Do not know

6. Are you alleging discrimination based on a protected class?

Yes

No

If yes, what do you think is the basis/reason for the alleged discrimination?  
(check all that apply)

National Origin

Limited English Proficiency

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Race

Sex

Gender Identity

Sexual Orientation

Age

Political Affiliation/Belief

Disability

Citizenship

Participation in a program that receives federal financial assistance

Retaliation: Retaliated against because I complained about discrimination, or because I gave a statement or was involved in some other way with some-one else's discrimination complaint.

7. Please provide a statement of what happened. If you (or someone else) was harmed by what happened, explain how you were harmed. If you are alleging discrimination, for each basis/reason check above, please explain how or why you think what happened was because of the basis you checked.

8. Date(s) alleged incident took place?

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

10. List any other people you believe should be contacted about your complaint. Please include their name, relationship to the case (witness, supervisor, etc), and a contact number.

Name	Relationship	Contact Number
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Name	Relationship	Contact Number
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Name	Relationship	Contact Number
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11. If you have filed a written complaint with anyone else, such as the Department of Labor, Equal Employment Opportunity Commission (EEOC), or any other organization, about the same events, please provide the organization name, date filed, contact working the complaint (if known), and mailing address.

**If another organization has already issued you a decision, dismissal, right-to-sue letter, or other written response, please include a copy.**

12. What outcomes or remedies are you hoping to receive?

#### **IV. Signature**

I have read and understand that my identity may be disclosed during the investigation of my complaint. All information I have provided in this complaint is true and accurate to best of my knowledge. I request that OEO process my complaint.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_