

Customer Complaint Information Form

Complaint number: _____

Instructions: If you have a complaint, please complete this form and submit it to Career Center staff. If this is a discrimination complaint, you must either submit this form to the Career Center Equal Opportunity officer, or send it to: **New York State Department of Labor, Division of Equal Opportunity Development, 1220 Washington Ave., Building 12, Room 540, Albany, NY 12226.** If needed, attach extra pages and any documents about your claim.

1. Complainant (fill in **your** information)

First name: _____ MI: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternative address (if applicable): _____

SSN (Optional): ____ - ____ - ____ Home telephone: (____) ____ - ____

Alternate telephone: (____) ____ - ____ E-mail address: _____

What are the most convenient time and method for us to contact you about this complaint?

I give my consent to share information regarding this complaint to (list name(s) of family members, friends etc. that can receive information regarding your complaint): _____

2. Respondent (fill in the information for the subject of your complaint)

Agency, business or employee you are making complaint against: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____

2a. Is the respondent a Career Center? Yes No

If yes, is this complaint regarding Training Customer Service Other _____

2b. Is the respondent a business? Yes No

If yes, were you referred to this business by Career Center staff? Yes No If yes, when?

2c. Is the respondent a Farm? Yes No

2d. What is your complaint about (check all that apply)?

Wages/unpaid wages Child Labor Health and Safety Working Conditions Housing
Transportation Meals Pesticides Other _____

2e. Is your complaint about discrimination? Yes No

3. Briefly describe your complaint. Be as clear as possible. If you believe you were discriminated against, please describe in detail how this happened.

a. What happened?

b. Who was involved? (Witnesses, fellow employees, supervisors, etc.) Provide name, address and telephone number, if known.

c. When and where did it happen (include date)?

d. If you believe you were treated differently, describe how.

4. Were you offered employment services? Yes No

5. How would you like this complaint to be resolved? _____

If this is a discrimination complaint, fill out numbers 6-10. If this is not a discrimination complaint, go to number 11.

6. Check all that apply.

Race (specify) _____

Religion (specify) _____

Sex Male Female

Disability (specify) _____

Citizenship (specify) _____

Sexual Harassment (specify) _____

Age (specify date of birth) ____ / ____ / ____

Political Affiliation (specify) _____

Reprisal/Retaliation (specify) _____

Color (specify) _____

National Origin (specify) _____

Arrest & Conviction Record (specify) _____

Marital Status (specify) _____

Genetic Predisposition & Carrier Status (specify) _____

Veteran Status (specify) _____

Sexual Orientation (specify) _____

Victim of Domestic Violence (specify) _____

Other (specify) _____

7. Why do you believe these events happened?

8. Do you have an attorney or other representative for this complaint? Yes No If "Yes", please fill out the following:

Name: _____ Telephone: (____) ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

9. Have you filed a case or complaint about this incident with any of the following?

US Dept. of Justice, Civil Rights Division

US Equal Employment Opportunity Commission

US Dept. of Labor, Civil Rights Center

Other _____

NYS Dept. of Labor, Division of Equal Opportunity Development

NYS Division of Human rights

Federal or State Court

10. For each agency checked in number 9, please fill out the following information:

Agency: _____ Date Filed: ___ / ___ / ___
Case or docket no.: _____
Date of trial or hearing: ___ / ___ / ___
Location of agency or court: _____
Name of investigator: _____
Status of case: _____
Comments: _____

Agency: _____ Date Filed: ___ / ___ / ___
Case or docket no.: _____
Date of trial or hearing: ___ / ___ / ___
Location of agency or court: _____
Name of investigator: _____
Status of case: _____
Comments: _____

11. 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

Staff receiving complaint: _____
(Print Name)

_____/_____/_____
Signature Date

Career Center: _____

Telephone: (_____) _____ - _____