



State of Illinois

Illinois Department of Commerce and Economic Opportunity

Workforce Innovation and Opportunity Act Discrimination Complaint Form

Complainant's Name: _____
 Address: _____
 Phone: _____
 Email: _____

Status of Complainant: (check one)

- Employee:
- Applicant:
- Participant:
- Other:

Respondent's Name: _____
 Position: _____
 Address: _____
 Phone Number: _____

Status of Respondent (s):

- Service Provider:
- Adm. Entity:
- Grant Recipient:
- Private Employer:

Respondent's Name: _____
 Position: _____
 Address: _____
 Phone Number: _____

Basis of Complaint Alleged

- Race: Specify _____
- 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 | IL Dept. Of Rehab Services |
| Yes | No | IL Dept. Of Human Rights |
| 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:

Signature of Complainant/Authorized Representative

Date: _____

Signature of EO Officer

Date: _____