TEXAS WORKFORCE SOLUTIONS COMPLAINT INFORMATION FORM

FOR TWC USE ONLY

Date Received
/ /

Part I.

Complainant's Information	**Respondent's Information**
1. NAME OF COMPLAINANT (Last, First, Middle Initial)	4. NAME OF PERSON COMPLAINT MADE AGAINST
2a. PERMANENT ADDRESS (Number, Street, City, State, Zip Code)	5. NAME OF EMPLOYER/ONE-STOP CAREER CTR (OSCC) OFFICE
2b. TEMPORARY ADDRESS (if appropriate)	6. ADDRESS OF EMPLOYER/OSCC OFFICE
3. PERMANENT TELEPHONE [ ] - OTHER/TEMPORARY PHONE [ ] -	7. TELEPHONE NUMBER OF EMPLOYER/OSCC OFFICE [ ] -

8. DESCRIPTION OF COMPLAINT (If additional space is needed, use separate sheet(s) of paper and attach to this form.)

9. To the best of your knowledge, which of the following program(s) was involved?

- ☐ Child Care Services Program
- ☐ Employment/Job Service (ES) Program
- ☐ SNAP: Employment & Training
- ☐ Choices
- ☐ Unemployment Insurance (UI)
- ☐ Vocational Rehabilitation
- ☐ Workforce Innovation and Opportunity Act (WIOA)
- ☐ Other. Specify: _____

10. To your best recollection, on what date(s) did the alleged incident(s) take place?

Date of first occurrence / / Date of most recent occurrence / /

11. For this incident, have you filed a case or complaint with any of the following?

- ☐ US Department of Justice—Civil Rights Division
- ☐ US Equal Employment Opportunity Commission (EEOC)
- ☐ US DOL—Civil Rights Center
- ☐ TWC—Civil Rights Division
- ☐ Federal or State Court
- ☐ Other _____

12. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint.

Name	Address	Phone Number

13. If alleging discrimination, which of the following best describes why you believe you were discriminated against?

- ☐ Race. Specify: _____
- ☐ Color.
- ☐ Religion. Specify: _____
- ☐ Sex. ☐ Male ☐ Female
- ☐ National Origin. Specify: _____
- ☐ Age. Date of Birth: _____
- ☐ Disability. _____
- ☐ Citizenship. Specify: _____
- ☐ Political Affiliation. Specify: _____
- ☐ Reprisal/Retaliation (must be based on one of the listed discriminatory actions). Specify: _____

14. **CERTIFICATION:** I certify that the information furnished is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to other 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.

15. **PERSONS WISHING TO FILE COMPLAINTS OF DISCRIMINATION BY EMPLOYERS** may file directly with the appropriate state or federal agency. (Ask the Complaint Representative for mailing address.)

16. SIGNATURE OF COMPLAINANT	17. DATE SIGNED / /	

Part II. For Workforce Office Staff Use Only

1. Migrant or Seasonal Farmworker?
☐ Yes ☐ No

If Yes, mail complaint directly to the Texas Monitor Advocate.

2. If non-Job Service/ES related, does complaint concern laws enforced by US DOL Wage and Hour Division [WHD] (formerly called Employment Standards Administration) or OSHA?
☐ Yes ☐ No

3. Type of Complaints (Check Appropriate Boxes)
☐ Job Service/ES Related Job Order Number _____
- ☐ Against Job Service
- ☐ Against Employer
- ☐ Alleged Violation of WIOA Regulations
- ☐ Alleged Violation of Employment Law(s)

☐ Non-Job Service/ES Related

4. Kind of Complaint (Check Appropriate Boxes)
- ☐ Wage Related/Non-Payment of Wages
- ☐ Housing
- ☐ Child Labor
- ☐ Pesticides
- ☐ Working Conditions
- ☐ Health/Safety
- ☐ Migrant and Seasonal Agricultural Worker Protection Act (MSPA)
- ☐ Disability Discrimination
- ☐ Discrimination*
- ☐ Other: Specify: _____

5. H-2A/Criteria Employer:
- ☐ US /Domestic Worker
- ☐ H-2A Worker
- ☐ Wages
- ☐ Transportation
- ☐ Meals
- ☐ Housing
- ☐ Other _____

*FOR DISCRIMINATION COMPLAINTS ONLY: Individuals wishing to file complaints of discrimination may file either with the Texas Workforce Commission, State Equal Opportunity Officer, or with the US Department of Labor, Civil Rights Center, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210.

6a. Referrals to Other Agencies (Check One) →
- ☐ Wage and Hour/US Dept. of Labor (DOL)
- ☐ OSHA/DOL
- ☐ TWC, Civil Rights Division
- ☐ TWC, Labor Law Section (Wage Claims)
- ☐ EEOC
- ☐ Other _____

6b. Follow-Up: ☐ Yes ☐ No
6c. Follow-Up Date: _____/_____/_____ ☐ Monthly ☐ Quarterly

7. Address of Referral Agency (Number, Street, City, State, ZIP Code and Telephone No.)

8. Comments (If additional space is needed, use separate sheet of paper.)

Provided ES Services? ☐ Yes ☐ No If "No," explain:

9. Was Complaint Resolved? ☐ Yes ☐ No If "No," explain:

10. Name and Title of Individual Receiving Complaint

11. Telephone Number
[ ] -

12. Workforce Solutions Office Address (Number, Street, City, Zip Code)

13. Workforce Solutions Cost Center (CC) Number: _____
LWDA Number: _____

14. Signature	15. Date / /

Instructions for Workforce Solutions Office Staff

PART I, Item 16. If complainant prefers to mail his or her complaint form, provide the appropriate state or federal agency mailing address.

PART II, Item 1. Mark "YES" when the individual filing the complaint meets all the following criteria: Worked an aggregate of 25 days or more during the preceding 12 months in agricultural-related work; 50 percent or more of the yearly income was derived from agricultural-related activities; and was not employed year-round by the same employer.

PART II, Item 3. Mark "Job Service/ES Related" and enter the job order number when the complainant was referred to the employer on a valid TWC job order. The "Against Job Service" will be marked when the allegation is against the employment service. "Against Employer" will be marked when the employer, named as the "Respondent" on the complaint, allegedly violated the "terms and conditions" of the job order, in other words, hours to be worked, wages to be paid, etc., or an employment-related law such as the Civil Rights Act of 1964, as amended, or the Fair Labor Standards Act.

PART II, Item 6. Check the agency to which the complaint was referred.

PART II, Item 7. Enter the contact information (name, address, telephone) of referred agency.