

# Discrimination Complaint Form



It is against the law for High Country Council of Governments or its subrecipients, as a recipient of financial assistance under Title I of the Workforce Innovation and Opportunity Act (WIOA) of 2014, to discriminate on the bases of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation of belief. It is also against the law for High Country Council of Governments or its sub-recipients to discriminate against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the WIOA on the basis of the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity.

If you think that you have, or someone else has, been subjected to discrimination by High Country Council of Governments or its sub-recipients on one of the bases listed above, you may file a complaint within 180 days from the date of the alleged violation with the sub-recipient organization, the High Country Council of Governments, the North Carolina Division of Workforce Solutions, or the US Department of Labor's Civil Rights Center (CRC). If you have missed this deadline and think you have good cause for filing late, you must explain the circumstances and request an extension from the Director of CRC at the address listed below. The Director will determine whether you have proven good cause for an extension and notify you of his/her determination.

To file a complaint, you may use this Complaint Information Form, or send the information listed on this form, in writing, to the sub-recipient's Equal Opportunity Officer, High Country Council of Governments, NC Division of Workforce Solutions, or CRC. To file the complaint with High Country Council of Governments, send it to Rebecca Bloomquist, High Country Council of Governments, 468 New Market Blvd., Boone, NC 28607. To file a complaint with the NC Division of Workforce Solutions, send it to Mose Dorsey, North Carolina Division of Workforce Solutions, 313 Chapanoke Road, Suite 120, 4316 Mail Service Center, Raleigh, NC 27699-4316, ATTENTION: Mose Dorsey. To file a complaint with CRC, send it to Naomi M. Barry-Perez, Director, Civil Rights Center, US Department of Labor, 200 Constitution Ave. NW, Room N-4123, Washington, DC. You may obtain a CRC complaint form electronically through CRC's website at:

<http://www.dol.gov/oasam/programs/crc/DL1-2014A-Rev-April-2011.pdf>

<http://www.dol.gov/oasam/programs/crc/DL-1-2014-Spanish.pdf>

## Complainant Information:

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please provide the name and address of the person or organization that you believe discriminated against you or someone else. If you believe that someone else was discriminated against, identify that person or group of people to the best of your ability.

**Name and/or Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain as briefly and clearly as possible what happened and why you believe discrimination took place. Please give the name and contact information for any person who witnessed the events you described above. Also attach any written material that relates to the events you are describing.

Please check the box or boxes that you think best represents the reason why you believe you were, or someone else was, discriminated against. If you are filing a complaint because you believe someone else was discriminated against, and you do not have the exact information about that other person or group (such as their exact date of birth, race, national origin, or type of disability), then provide the best information that you can.

**Race:** Specify \_\_\_\_\_

**Age:** Specify Date of Birth \_\_\_\_\_

**Color:** Specify \_\_\_\_\_

**Disability:** Specify \_\_\_\_\_

**Religion:** Specify \_\_\_\_\_

**Political Affiliation:** Specify \_\_\_\_\_

**National Origin (including limited English proficiency):** Specify \_\_\_\_\_

**Reprisal/Retaliation:** Specify \_\_\_\_\_

**Citizenship Status:** Specify \_\_\_\_\_

**Sex:** Specify \_\_\_\_\_ Male \_\_\_\_\_ Female

**Participant in any WIOA Title I Assisted Program/Activity:** Specify \_\_\_\_\_

\_\_\_\_\_ **Pregnancy**

\_\_\_\_\_ **Childbirth/Related Medical**

**Conditions**

\_\_\_\_\_ **Sex Stereotyping**

\_\_\_\_\_ **Transgender Status**

\_\_\_\_\_ **Gender Identity**

**Please explain the remedy that you are seeking:**

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

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