

Complaint Processing Guidelines For Completing the Complaint Information Form (CIF)

The Mississippi Department of Employment Security (MDES) or the Civil Rights Center (CRC) officially records all discrimination complaints by utilizing the Complaint Information Form (CIF). The information provided assists both organizations with making a determination of coverage. It is important that the form be as complete, legible, and clear as possible. **Forms that are not signed, illegible or do not have complete information delays processing time.**

- Item 1: The *complainant* is the person alleging the discrimination. This can be a third party. This information should be printed; include full name, address, and telephone numbers where complainant can be reached. Disclosure of a social security number is strictly voluntary.
- Item 2: The *respondent* is the program or activity responsible for the alleged discrimination. This information should be printed and include complete names of program without acronyms, names and titles of the organization or person involved with complete mailing addresses and telephone numbers.
- Item 3: State the most convenient time and place to be contacted by the Equal Opportunity Office or a third party.
- Item 4: This information is provided to determine the timeliness of the complaint. The dates that the discrimination took place reflecting the first instance of discrimination and the date of occurrence should reflect the most recent adverse action, if there was more than one occurrence over a period of time.
- Item 5: This information is provided to determine if the complainant has attempted to resolve the complaint locally and if a resolution was issued and if the complainant was given an option to choose mediation or an investigation.
- Item 6: The complainant briefly describes the circumstances surrounding the alleged discrimination including those individuals included. Attach any information or documentation that might be relevant. Please note that individual complaints should be written in the first person and describe as much of the following as possible (additional sheets may be attached):
- What adverse action was taken against you – include dates, places and names of individuals including witnesses
 - How you believe the treatment by the respondent was discriminatory
 - How the treatment relates to your sex, race, national origin, etc.
 - Describe any treatment that was different from any other individual or group

- Item 7: This information asks that the U.S. Department of Labor Programs involved in the discrimination be identified. If the complainant is alleging discrimination against more than one entity, a separate form must be completed for each individual entity.
- Item 8: This information is a checklist of protected classifications under Section 167. The complainant should check only the classes that are believed were reasons for the discrimination as there may be more than one basis for the discrimination.
- Item 9: This is a checklist to assist the complainant with identifying the issues(s) that resulted in the discriminatory act. It is not intended to be all-inclusive, but in most instances, the issues correspond to the description given in *ITEM 6*.
- Item 10: This allows the complainant to explain why they believe the events occurred, and to relate the events to the checklist in *ITEM 8*.
- Item 11: This gives the complainant an opportunity to add any additional information believed to be relevant.
- Item 12: The complainant should describe the corrective actions believed necessary to resolve the complaint. Remedies should be pertinent and reasonable to the nature of the issue(s).
- Item 13: The complainant should list any person the investigator should contact for information in support of or for clarification of the complaint. *A name without an address or telephone number will not be useful.*
- Item 14: If an attorney shall represent the complainant, it should be noted.
- Item 15: The complainant should state all agencies that he/she has filed a complaint with to include dates, status of the complaint, and any other information available.

NOTE: When the complainant is an organization filing on behalf of a class of individuals or when the complainant is a third party authorized to represent the injured party, the Civil Rights Center (CRC) must establish the injured party's willingness to secure the complaint on behalf of another, who for fear of retaliation or other reasons, may be unwilling to take an active role in filing the complaint.

For further information, please contact the Equal Opportunity Department at 601-321-6021.



Complaint Information Form



1. Complaint Information
State your name and address:

Your Telephone Number(s)

Home _____
Area Code Number

Work _____
Area Code Number

7. To the best of your knowledge, which of the following DOL programs were involved? (Check One)

- Workforce Innovation Opportunity Act (WIOA)
 - Job Training
 - Job Corps
 - Youth
 - Unemployment Insurance
 - Apprenticeship
 - Older Americans
 - New Directions
 - Displaced Workers
 - Other, Specify _____
- *At the local level, these programs may be known by a different name.

MSHA
OSHA
WIN
WtW

Social Security Number: _____
(disclosure of Social Security number is voluntary)

2. Respondent Information:
Provide name and address of agency involved:

Telephone Number:

Area Code Number

8. Basis of Complaint. Which of the following best describes why you believe you were discriminated against? (Check)

- Race: Specify _____
- Color: Specify _____
- Religion: Specify _____
- National Origin: Specify _____
- Gender: Specify () Male () Female
- Age: Specify Date of Birth _____
- Disability: Specify _____
- Political Affiliation: Specify _____
- Citizenship: Specify _____
- Reprisal/Retaliation _____
- Other: Specify _____

3. What is the most convenient time for us to contact you about this complaint?

4. To your best recollection, on what date(s) did the discrimination take place?

_____ Date of first occurrence _____ Date of most recent occurrence

5. Have you ever attempted to resolve this complaint at the local level?

_____ Yes _____ No

a. Have you been provided with a final decision at the local level regarding your complaint?

_____ Yes _____ No

_____ Date of final decision(if any)

b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level?

_____ Yes _____ No

_____ Date you filed or attempted to file your complaint at the local level:

6. Explain as briefly and clearly as possible what happened and how you were discriminated against in the space below. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case

9. Do you think the discrimination against you involved (Check One)
Your job or seeking employment? or
Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- Hiring
- Transition
- Wages
- Job Classification
- Discharge/Termination
- Promotion
- Training
- Qualification/Testing
- Grievance Procedure
- Layoff Furlough
- Recall (from Layoff/Furlough)
- Seniority
- Intimidation/ Reprisal
- Harassment
- Access/Accommodation
- Union Activity
- Application
- Enrollment
- Referral
- Exclusion
- Placement
- Benefits
- Performance Appraisal
- Discipline/Reprimand
- Other (Specify _____)

For MDES Use Only
CIF received by MDES Accepted Not Accepted Case Number
By _____ Date _____

10. Why do you believe these events occurred?

11. What other information do you think is relevant to our investigation?

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

13. Do you desire to mediate? _____

Yes No

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

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Complainant's Signature (NOT VALID unless signed)

Date

15. Do you have an attorney?

Yes No

If yes, please provide name, address and phone

16. Have you filed a case or complaint with any of the following?

- Civil Rights Division US Dept of Justice
- US Equal Employment Opportunity Commission
- Federal or State Court
- Your State or local Human Relations/Rights Commission

17. For each item checked in #16 above, please provide the following information:

Agency _____

Date Filed _____

Case or Docket Number _____

Date of Trial or Hearing _____

Location of agency or Court _____

Name of Investigator _____

Status of Case _____

Comments _____

Agency _____

Date Filed _____

Case or Docket Number _____

Date of Trial or Hearing _____

Location of agency or Court _____

Name of Investigator _____

Status of Case _____

Comments _____

CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Civil Rights Center in connection with my complaint:

In the course of investigating my complaint, CRC may have to reveal my identify to staff of the program named in my complaint or order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to CRC, but CRC may close my complaint if I refuse to reveal information needed to fully investigate my complaint.

I may request and receive a copy of any personal information CRC keeps in my complaint file for investigatory uses; and

Under certain conditions, CRC may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

SECTION A

- YES, CRC MAY DISCLOSE MY IDENTIFY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand this notice, and I consent for CRC to process my complaint.

(Signature)

(Date)

SECTION B

- NO CRC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand this notice and I do not consent for CRC to disclose my identity during investigation of my complaint. I request that CRC process my complaint, however, I understand that CRC may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that CRC may close my complaint if it cannot begin an investigation because I have not consented for CRC to reveal my identify.

(Signature)

(Date)

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information to Federal Agencies, including the Civil Rights Center (CRC: the Privacy Act of 1974 (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C 552) or "FOIA". Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, along with your complaint form.

The PRIVACY ACT protects individuals from misuse of personal information held by the Federal government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to CRC in connection with a discrimination complaint should know the following:

- CRC has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap, and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. CRC is also authorized to conduct reviews of federally funded programs to assess their compliance with civil rights laws
- Information that CRC collects is analyzed by authorized personnel within CRC. This information may include personnel or program participant records, and other personal information. CRC staff may want to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help CRC determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. CRC may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to CRC may also be revealed to persons outside of CRC because it is necessary in order to complete enforcement proceedings against a program that CRC finds to have violated the law or regulations. Such information could include for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. CRC requests personal information for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. CRC will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law required that a complainant reveal personal information to CRC, and no action will be taken against a person who denies CRC's request for personal information. However, if CRC cannot obtain the information needed to fully investigate the allegations in the complaint, CRC may close the case.
- Any person may ask for, and receive, copies of all personal materials CRC keeps in his or her file for investigatory use.

AS A POLICY, CRC DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. CRC never reveals to the program under investigation the identity of the person who filed the complaint, unless the complaint first gave CRC written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request, and receive; information from many types of records kept by the Government-not just materials that apply to them personally. The Civil Rights Center must honor most request for information submitted under FOIA, but there are exceptions.

- CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit CRC's ability to do its job effectively and
- CRC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM, PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO THE CIVIL RIGHTS CENTER WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.