

**DELAWARE**  
**WORKFORCE INNOVATION and OPPORTUNITY ACT (WIOA)**  
**DISCRIMINATION COMPLAINT FORM**

**Effective:** January 29, 2021

**Supersedes:** August 4, 2020

**EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of Federal Financial Assistance to discriminate on the following bases: against any individual in the United States, on the basis 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 or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—Financially Assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—Financially Assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of Federal Financial Assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I—Financially Assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer or the Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Ave. NW, Room N.-4123, Washington, DC 20210 or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc)

**DIRECTIONS**

1. If you believe you have been unlawfully discriminated against, complete this form, and forward it by Email or Postal Mail to the address below.

**Wanda Holifield**  
**Local WIOA EEO Officer**  
**Delaware Workforce Development Board**  
**4425 N. Market Street, Fox Valley 3rd Floor**  
**Wilmington, DE 19802**  
**E-mail: [Wanda.Holifield@Delaware.gov](mailto:Wanda.Holifield@Delaware.gov)**  
**Phone: (302) 761 – 8160**

2. If you have any questions about this form or complaint process, email, or call Wanda Holifield at (302) 761- 8160
3. Complaints are to be filed within 180 days of the alleged violation, or as soon as possible.

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**Complainant Information:** The person who makes a complaint and begins the complaint process. *Provide your information as the person alleging the complaint of discrimination.*

Today's Date:			
Your Name:			
Home Address:	Street: _____		
	City: _____ State: _____ Zip Code: _____		
Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American – Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> No Race Indicated		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____		
	Provide all that apply:	Best phone number and time to contact you:	
Cell Phone:	(    )    -	<input type="checkbox"/> Cell	Time:
Home Phone:	(    )    -	<input type="checkbox"/> Home	
Work Phone:	(    )    -	<input type="checkbox"/> Work	
Email Address:			

**Respondent Information:** The party against whom a complaint is made, and who is responsible for providing a response to the complaint under this policy. *Provide information of responsible person(s) and Labor Program, Agency, Department, or Entity you allege are involved.*

<b>Persons Name:</b>	<b>Job Title:</b>	<b>Phone:</b>
		(    )    -
<b>Eligible Training Provider/Entity Name</b>	<b>Address/Location:</b>	
<b>WIOA Approved Program/Course Name</b>	<b>Training offered and program delivery</b>	
	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/> Onsite <input type="checkbox"/> Online <input type="checkbox"/> Hybrid (Onsite and Online training)	

**Discrimination Allegation(s)** *Check all that apply:*

**1. Which of the following best describe(s) why you believe you were discriminated against?** *Check all that apply:*

	Specify why:		Specify why:
<input type="checkbox"/> Age: DOB: / /		<input type="checkbox"/> Religion	
<input type="checkbox"/> Race		<input type="checkbox"/> Veteran Status	
<input type="checkbox"/> Color		<input type="checkbox"/> Reprisal/Retaliation	
<input type="checkbox"/> Citizenship		<input type="checkbox"/> Disability	
<input type="checkbox"/> National Origin		<input type="checkbox"/> Sex	
<input type="checkbox"/> Political Affiliation		<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Status as a WIOA Participant		<input type="checkbox"/> Gender Identity or Expression	

Other: \_\_\_\_\_

**2. Do you think the alleged discrimination against you involved any of the following:** *Check all that apply:*

Seeking Employment       Accessibility of a Facility       Receipt of Services/Benefits

**If so, which of the following apply:**

Application/Hiring       Job Referral       Access/Accommodation

Benefits       Training       Discharge/Termination

Harassment       Other: \_\_\_\_\_

**3. Have you filed a complaint elsewhere about this allegation?**     Yes     No

*If YES, please provide information for each entity, or enforcement agency with which you have filed this complaint.*

Agency or Court:	
Case or Docket Number:	
Date(s) Filed:	
Hearing/Trial date:	
Agency or Court Location:	
Name of Investigator:	
Status of Case:	

4. Do you have an attorney regarding this complaint/allegation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES:	
Name:	
Address:	Street: _____ City: _____ State: _____ Zip: _____
Phone:	(      )                      -
Email:	

Incident Information: <i>Please attach additional pages if necessary.</i>
Date of Incident:
Location of Incident:

5. Describe the events that occurred (be as specific as possible – Who? What? When? Where? How?):

6. Why do you believe these events occurred?

**7. How did you react to the situation? What response did you make when incident(s) occurred and afterwards?**

**8. Did you notify management and/or Human Resources? If so, who did you notify and how?**

**9. Names of witnesses or individuals who may have knowledge of the incident(s) and their contact information:**

**10. Are there any documents or physical evidence supporting the incident(s)?     Yes     No**  
**If YES, please submit as attachment(s).**

**11. Describe the harm you believe you suffered as a result of the incident:**

**12. If this complaint is resolved to your satisfaction, what action or remedy are you seeking?**

**13. What other information do you think is relevant to an investigation of your complaint?**

**Acknowledgement**

I certify to the best of my knowledge the information that I provided is accurate and the events and circumstances are as I have described them. I am willing to cooperate fully in the investigation and provide whatever evidence deems relevant. I further understand that this complaint is being submitted pursuant to the Delaware WIOA Nondiscrimination Plan policy and procedures and guidelines therein.

I also understand that for complaints involving Delaware WIOA Labor programs funded in whole or in part by the United States Department of Labor (USDOL), If I elect to file my complaint with the Office of the Delaware WIOA Equal Employment Opportunity Officer, I must wait until the Office of the Delaware WIOA Equal Employment Opportunity Officer issues a decision or until 60 days have passed, whichever is sooner, before filing with the United States Department of Labor (USDOL) Civil Rights Center (CRC) (200 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210). If the Delaware WIOA Equal Employment Opportunity Officer has not provided me with a written decision within 90 days of the filing of the

complaint, I need not wait for a decision to be issued but may file a complaint with CRC within 30 days of the expiration of the 90-day period. If I am not satisfied with the Office of the Delaware WIOA Equal Employment Opportunity Officer's resolution of my complaint, I may file a complaint with CRC. Such complaint must be filed within 30 days of the date I received notice of the Office of the Delaware WIOA Equal Employment Opportunity Officer's resolution.

Complainant Name - Print: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Use Only by the Office of the Delaware WIOA Equal Employment Opportunity Officer**

Complaint Tracking Number: 2023-0000-0000

EO Officer Complaint Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

WIOA EO Officer  
Case Point of Contact: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Investigator Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

**Authorizing WIOA Equal Employment Opportunity Officer: Wanda Holifield**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_