

GAL 10-94 Attachment 2

GUIDE FOR COMPLETING EMPLOYMENT SERVICE COMPLAINT/REFERRAL RECORD

(ETA FORM 8429)

UNITED STATES EMPLOYMENT SERVICE

Instructions for Completing Employment Service

Complaint/Referral Record

I. Special Instructions.

A. Local Office copies of Form ETA 8429 will be completed by the Employment Service Complaint Specialist in accordance with Federal regulations at 20 CFR 658 Subpart E. Copies of the complaint will be distributed as follows:

! Original and one copy will be retained by the local office:

! One copy to complainant; and one copy forwarded to the State Monitor Advocate;

! Additional copies will be prepared as deemed necessary by the local office.

All complaints must be logged and recorded in accordance with the Local and Central Office control procedures established by State agencies.

When it is necessary to elevate the complaint to the State office, an additional copy of Form ETA 8429 will be forwarded with all pertinent information.

B. Discrimination Complaints. In the case of complaints alleging discrimination, a complete copy of the complaint will be sent to the State Equal Opportunity Officer.

C. Privacy Act. The Privacy Act concerning SSNs requires the following:

"Any Federal, State, or local government agency which requests an individual to disclose his/her Social Security Number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it."

Item No. 10 of Part I on the revised Form ETA 8429 requests the complainant's Social Security Number (SSN). It is of utmost importance that the complainant authorizes the Complaint Specialist to use his/her SSN on Form ETA 8429.

The complainant's SSN may not be accessed from other Employment Service records, the individual must give his/her

consent to use the Social Security Number on Form ETA 8429. To show proof of consent, request complainant's initials next to the SSN.

II. Preparation of Form.

A. Part I. This part will be completed by the complainant. Employment Service (ES) staff should assist the complainant in preparing this portion if requested by complainant.

1. Name of Complainant. Enter the name of the individual(s) filing the complaint. Use additional space to enter the name of more than one complainant, if necessary.

2a-b. Permanent and temporary address. Enter the permanent address of the complainant in item 2a. The temporary mailing address should be entered in item 2b. Migrant and other workers often have temporary residences while working away from home.

3a-b. Permanent and temporary telephone number. Enter either the permanent telephone number in item 3a and/or the temporary number in 3b. If a complainant does not have a telephone, request a telephone number (of family, friend or neighbor) where he/she can be reached or given a message.

4. Name of person complaint is being made against. Enter the name of the person, where applicable, allegedly responsible for the complaint.

5. Name of employer/ES office. Enter the name of the employer or the ES office being charged for the alleged violations.

6. Address of employer/ES office. Enter the full address of employer or the ES Office listed on Line 5.

7. Telephone number of employer/ES office. Enter the area code and full telephone number of the employer or ES office listed on Line 5.

8. Description of Complaint. Enter the complainant's statement on his/her grievance. The statement should be complete and indicate the results expected. If the complainant is unable to fill out this section and

assistance is given, the statement should be written in the first person.

An additional sheet of paper should be provided if extra space is necessary. Additional sheet(s) are to be identified with the name of the complainant and the complainant number if one is used. To ensure that no further comments are added to the original statement, a diagonal line should be drawn from the last word of the statement to the end of the page.

9. Signature of complainant. Review the complaint with complainant and request complainant's signature. The complaint must be signed by at least one complainant. If the complainant refuses to do so, a statement by the agency official taking the complaint will be written to this effect. The complainant will be further advised, in writing, that since he or she refuses to sign the complaint, no further action can be taken on the complaint. The complainant's signature should be on each additional sheet used for Item No. 9.

10. Social Security Number. Enter complainant's Social Security Number. Please refer to Item I.c under "Special Instructions."

11. Date signed. Enter the full date that the complaint was signed by the complainant.

B. Part II. This section is to be used by Employment Service staff who are responsible for analyzing the complaint and recording all actions taken.

1. Migrant and Seasonal Farmworker. Enter a check mark indicating whether or not the complainant meets the definition of a migrant or seasonal Farmworker (MSFW), per Federal Regulations @ 20 CFR 651.7.

2. Type of complaint. Enter "X" in the appropriate box. If a job order is involved, enter the complete job order number in the space provided. Leave blank if no job order involved.

3. If non-ES related, does complaint concern laws enforced by OSHA or ESA. If applicable, enter an "X" in the appropriate box indicating whether the complaint concerns laws enforced by OSHA or ESA.

4. Kind of Complaint. Enter an "X" in the appropriate box(es) to properly identify the type(s) of complaint.

a. Use the "Disability Discrimination" box to record complaints alleging discrimination on the basis of disability filed under Section 504 of the Rehabilitation Act and Title IIA of the Americans with Disabilities Act. See item 6 below for filing procedures.

b. Check "Discrimination" for complaints filed under Title VI of the Civil Rights Act, the Age Discrimination Act, Title IX of the Education Amendments, and Section 167 of the Job Training Partnership Act. See item 6 below for a description of discriminatory basis covered, and for filing procedures.

5. H-2A/Criteria Employer. Enter an "X" to identify whether the complainant(s) is a U.S. worker or H-2A worker. In addition, mark an "X" next to the subject that best represents the basis of the complaint.

6. For Discrimination Complaints only. Complaints alleging discrimination on the basis of race, color, national origin, sex, religion, age, political affiliation or belief, disability, and, for beneficiaries only, citizenship or JTPA participation, should be filed pursuant to 29 CFR Parts 34.42 and 34.43. Complainants may file with the recipient's Equal Opportunity Officer or directly with the Directorate of Civil Rights (DCR). The ES staff should provide complainants who elect to file directly with DCR with a copy of DOL Form 1-2014a, "Complaint Information Form" (CIF), or instructions on how to obtain one. The complaint should be filed directly with DCR at the following address:

U. S. Department of Labor
Directorate of Civil Rights
200 Constitution Avenue, N.W.
Room N-4123
Washington, D.C. 20210

7a-c. Referrals to Other Agencies. Enter an "X" in the appropriate box with the name of the agency to which complaint was referred. In addition, where follow-up is required, enter whether monthly or quarterly procedures are mandated and date of follow-up.

8. Address of Referral Agency. Enter the full name, address, and telephone number of the enforcement agency to which complaint was referred.

9. Comments. Enter a brief summary of the initial action taken and whether complaint was or was not resolved.

10a-b. Name and Title of Person Receiving Complaint. Enter in item 10a the name and title of the Employment Service representative accepting the complaint. Under item 10b, enter his/her area code and telephone number.

11. Office Address. Enter the full address of the Employment Service office in which complaint was filed.

12a-b. Signature. This section is to be signed and dated by the Employment Service representative accepting the complaint.