



INSTRUCTIONS FOR COMPLETING THE COMPLAINT/APPARENT VIOLATION FORM (ETA 8429)

Instructions for numbering the complaint

Complaint Number (No): Enter the complaint number assigned by local office to the complaint (Last two digits of Program Year + consecutive 3-digit ID number. (*Example:* first complaint of PY 2020 will be: 20-001, the next 20-002, the next 20-003, etc.).

Complaint numbers must run continuously throughout the Program Year, restarting at #1 beginning July 1 of each Program Year

Instructions for the Complainant /Apparent Violation Form

Complaint Number: See instructions above

Date: Self explanatory

Part I: (*Completed by the Complainant*) MDCS/MCC must assist the complainant in preparing this portion of the form if assistance is requested by the complainant.

Instructions for the Complainant

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| Item 1. | Name of Complainant: Print the last name, first name, and middle initial of the individual(s) filing the complaint. |
| Item 2a. | Permanent Address: Print the complainant's complete mailing and residential address that he/she considers to be a permanent address. |
| Item 2b. | Temporary Address: <i>If applicable, print the complainant's complete mailing and residential address that he/she considers temporary, including name of grower or directions to reach if complainant is a Migrant and Seasonal Farm Worker (MSFW).</i> |
| Item 3a. | Permanent telephone: Enter the area code and seven-digit number of a permanent telephone number. |
| Item 3b. | Temporary Telephone: If applicable, enter the area code and seven-digit number. This is the number the complainant considers temporary; for instance, a telephone at a housing facility provided to a MSFW where he/she could be reached. If a complainant does not have a telephone, request a telephone number of a family member, friend or neighbor where he/she can be reached or given a message. |
| Item 4. | Name of Person, Business, or Agency Complaint is Being Made Against: Print the first name(s), middle initial(s), and last name(s) of the person(s), Business name or Agency name where applicable, allegedly responsible for the complaint. |
| Item 5. | Name of Employer/Agency if Different from Item 4: Print the full name of the employer if complaint is against an employer. Print name and number of the Workforce Center/SWA if complaint is against the Employment Service. |
| Item 6. | Address of Employer/MCC (MassHire Career Center): Print the street number, street name, city, state, and zip code. If complaint is against an employer, use his/her address. If complaint is against the Employment Service, use the Workforce Center/SWA address. If employer, include directions to work site. |
| Item 7. | Telephone Number of Employer/MCC (MassHire Career Center): Enter the area code and seven-digit number of employer or MassHire Career Center/SWA listed in Item 5. |
| Item 8a. | Description of the Complaint or Apparent Violation: (If additional space is needed, use separate sheet(s) of paper and attach to this form) |

NOTE: To get as much information as possible, the complainant must answer the following question



in their statement: What happened? When did it take place? Who is involved? Where did it take place? Why did it happen?

Item 8b. Authorized Representative. If complainant designates someone to act on their behalf this line must be completed.

CERTIFICATION: *"CERTIFICO que la información proporcionada es verdadera y precisa a lo mejor de mi entender. AUTORIZO la divulgación de esta información a otras agencias para la adecuada investigación de mi querella. ENTiendo que mi identidad se mantendrá confidencial en la medida que sea posible, de acuerdo con la ley y la justa determinación de mi queja."*
(Spanish translation)

Item 9. Signature of Complainant: Review the complaint with the complainant and request his/her signature. The complainant or the complainant's representative must sign this block.

Item 10. Date Signed: Enter the month/day/year that the complainant signed the ETA 8429.

IMPORTANT NOTICE:

- If the ETA 8429 Form is used to submit an Apparent Violation, items 2a & 2b do not need to be filled out.
- If a complainant has a designated representative, the name and contact information of the designated representative must be provided in 8b.
- No signature is required at Part 9 if this form is submitted as an Apparent Violation.
- If the complaint is filed on behalf of a group of employees/workers, the names of the individuals involved must be listed as co-complaints.

Instructions for MDCS/MCC Staff:

1. Complaint form must be legibly.
2. Make three copies.
 - a. File the original in the complaint folder.
 - b. Give one copy to the complainant.
 - c. Send one copy to the enforcement agency (if applicable)
3. Copy State Monitor Advocate if it involves an MSFW or an H-2A employer.
4. Complaints must be logged and recorded in accordance with established procedures.

Part II: For MDC/MCC Use Only.

Instructions for MDCS/MCC staff

- Item 1 **Migrant and Seasonal Farmworker:** Enter a check mark (✓) indicating whether the complainant meets the definition of a migrant or seasonal farmworker (MSFW).
- Item 2. Type of Complaint: Complaint or Apparent Violation: Enter a check mark "X" indicating if this is a complaint or an apparent violation involves an employer or MDCS/MCC.
- Item 2a. **Job Order:** Enter the Job Order Number, if applicable
- Item 3. If the complaint or apparent violation involves an **Employment Related Law:** Enter an "X" in the applicable box.
- Item 4. **Issue(s) involved in Complaint or Apparent Violation:** Enter an "X" in one or more of the 9 boxes to properly identify the issue(s) listed on the complaint. If other, please explain.
- Item 5. **If H2A Employer:** Enter an "X" to identify whether the complainant(s) is a U. S. Worker or an H 2A worker.
- Item 6a. **Referral to Other Agencies:** Enter an "X" to identify which agency the complaint/apparent violation was referred to.
- Item 6b **Follow-up:** Enter follow-up date for MSFW related complaints only.



DEPARTMENT OF CAREER SERVICES

Commonwealth of Massachusetts
Executive Office of Labor and Workforce Development
MassHire Department of Career Services
STATE COMPLAINT OFFICER

- Item 7. **Address of Referral Agency:** Enter complete name, address and telephone number of referral agency (enforcement agency) to which the complaint was referred, including a contact person if possible.
- Item 8. **Actions Taken:** Enter a summary of the initial action taken.
- Item 9. **Complaint Resolution:** Enter an "X" to identify whether the Complainant/Apparent Violation was resolved, include an explanation if it was not resolved.
- Item 10. **Apparent Violation Resolution:** Enter an "X" to identify whether the Complainant/Apparent Violation was resolved, include an explanation if it was not resolved.
- Item 11. **Provided other Career Services:** Enter an "X" to identify whether other Career Services were provided.
- Item 12a. **Name of Complaint Taker:** Enter the name of the Workforce Center/SWA representative accepting the complaint and his or her title.
- Item 12b. **Office Address:** Enter the complete address of the complaint-taker's office (the office/Workforce Center/SWA in which the complaint was filed).
- Item 12c. **Office Phone Number:** Enter the complete phone number including area code and extension if any of the complaint-taker's office (the office/Workforce Center/SWA in which the complaint was filed).
- Item 12d. **Signature:** This section is to be signed by the MDCS/MCC complaint representative.
- Item 12e. **Date:** Self explanatory