



## 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. (Spanish translation) 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."*
- 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 legible.
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