



One Stop Career Center (OSCC) Complaint/Referral Record

For OSCC Use Only

Complaint No.	Date Received
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Part I. Complainant's Information		Respondent's Information
1. Name of Complainant (Last, First, Middle Initial)		4. Name of Person Complaint Made Against
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer/OSCC Office
b. Temporary Address (if Appropriate)		6. Address of Employer/OSCC Office
3a. Permanent Telephone () -	b. Temporary Telephone () -	7. Telephone Number of Employer/OSCC Office () -
8. Description of Complaint (If additional space is needed, use separate sheet(s) of paper and attach to this form)		

Certification I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant	10. Date Signed / /
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**INSTRUCTIONS FOR COMPLETING PART I OF THE ONE-STOP CAREER CENTER (OSCC)
COMPLAINT / REFERRAL RECORD (FORM ETA 8429)**

Instructions for the Complainant (To be completed by the Complainant / Staff assistance available)	
Part I:	The complainant will complete this part. One-Stop Career Center staff will assist the complainant in filling-out the form if requested.
ITEM 1	Name of Complainant: Print the last name, first name, and middle initial of the individual(s) filing the complaint. Use additional space to enter the name of more than one complainant if necessary.
ITEM 2a	Permanent Address: Enter the complainant's complete permanent and residential address.
ITEM 2b	Temporary Address: 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).
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.
Instructions for the Respondent's Information (Completed by the Complainant)	
ITEM 4	Name of Person Complaint is Being Made Against: Print the first name(s), middle initial(s), and last name(s) of the person(s), where applicable, allegedly responsible for the complaint.
ITEM 5	Name of Employer / ES Office (One Stop Career Center): If the complaint is against an employer and / or a One-Stop Career Center; enter the corresponding name.
ITEM 6	Address of Employer/ES Office (One-Stop Career Center): Enter the complete street address, city, state, and zip code of the employer, agency or a person listed in ITEM 4 or 5 above. If complaint is against an employer include direction to the worksite.
ITEM 7	Telephone Number of Employer/ES Office (One-Stop Career Center): Enter the area code and seven-digit number of the One-Stop Career Center and / or the employer listed in ITEM 5 above.
ITEM 8	Description of Complaint: The complainant requires assistance in completing this section of the form Yes:___ No:___ If yes, take the customer's statement in first person (using "I") If no, allow the complainant to complete this section.

IF:	THEN:
The complainant requires assistance in completing this section.	Print the statement for the complainant using the first person ("I...").
The complainant does not require assistance.	Allow the complainant to print the statement.

A. The complaint description should include:

1. The specific charge of wrongdoing.
2. The exact dates and time worked.
3. The type of work performed.
4. The number of hours worked/bins, buckets, boxes picked.
5. The exact amount of money due.
6. The name of immediate supervisor if different than respondent.
7. The respondent's Social Security Number (if available- see item 10 below).
8. The complainant's proposed corrective action (or the results expected).

	Income Guidelines	50% of all wages earned from farm work or food processing	
	Minimum 25 days	25 days Farm Work or Food Processing during the preceding 12 months	
	Employer Requirement	Multiple Employers	
	Full time student	Only students who migrate with their families	
	Seasonal	Migrant	Migrant Food Processor
	Meets all of the above identifying factors	A <u>Seasonal Farmworker</u> who had to travel to perform farm work and was unable to return to his / her permanent residence within the same day.	Meets all of the above identifying factors and primary work experience must be in food processing and was unable to return to his / her permanent residence within the same day.
ITEM 2	<p>Type of Complaint</p> <p>1. Enter an "X" in the box marked WIA related, if the complaint involves WIA activities.</p> <ul style="list-style-type: none"> ▪ Enter an "X" in one or more of the appropriate 4 boxes below the WIA related box. ▪ If a job order is involved, enter the complete job order number in the space indicated. Leave blank if no job order is involved. <p>2. If the complaint is non-WIA related, enter an "X" in the box marked non-WIA related.</p>		
	<p>Complete only if you checked Non-WIA related in ITEM 2. If the complaint concerns law enforced by ESA, Wage and Hour or OSHA then enter an "X" in the appropriate box</p>		
ITEM 3	Examples Of Laws Enforced By:		
	Employment Standards Administration (ESA)	Occupational Safety and Health Administration (OSHA)	
	<ul style="list-style-type: none"> ▪ Fair Labor Standards Act (Minimum Wage) ▪ Child Labor Laws ▪ Overtime ▪ Farm Labor Contractors ▪ Wage Garnishment ▪ Safety and health in temporary labor camp 	<ul style="list-style-type: none"> ▪ Safety and health on a work site ▪ Safety and health in temporary labor camps ▪ The Whistleblower Protection Program 	
ITEM 4	<p>Kind of Complaint: Enter an "X" in one or more of the 10 boxes to properly identify the Kind of complaint. If you checked either the Disability or the Discrimination box follow these instructions:</p> <ul style="list-style-type: none"> • Use the "Disability Discrimination" box to record complaints alleging discrimination on the basis of disability. These complaints shall be filed at the local office using ETA Form 8429 and shall be processed according to the State's processing procedures established for disability complaints pursuant to 29 CFR Part 37. • 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 188 of the Workforce Investment Act. See Item 6 below for a description of discriminatory basis covered, and for filing procedures. 		
ITEM 5	<p>H-2A / Criteria Employer: Enter an "X" to identify whether the complainant(s) is a U. S. / Domestic Worker or H-2A worker (A non-immigrant temporary agricultural worker). In addition, mark an "X" next to the subject that best represents the basis of the complaint.</p>		
ITEM 6	<p>Discrimination Complaints only (other than disability): Discrimination complaints against Federally assisted Employment Programs, including the Wagner-Peyser / WIA services provided by the One-Stop Career Centers, may be submitted utilizing Form DL-1-214a to the EO officer or directly to the U.S. DOL Civil Rights Center, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C., 20210</p>		
ITEM 7a	<p>Referrals to Other Agencies: Enter an "X" in the box indicating the name(s) of the agency to which the complaint is being referred, check all appropriate boxes. If the complaint is being referred to more than one agency (such as EEO, State Health Departments, etc.) send separate copies to each agency.</p>		
ITEM 7b	<p>Follow-up: Where follow-up is required, check whether monthly or quarterly procedures are mandated. If the complaint is MSFW mark an "X" in the block marked monthly.</p>		
ITEM 7c	<p>Follow-up Date: If follow up is required enter the date of the next scheduled follow-up.</p>		

ITEM 8	Address of Referral Agency: Print complete name, address and telephone number of referral agency (enforcement agency) to which the complaint was referred, including a contact person if possible. (refer to item 7A to identify agency/agencies.)
ITEM 9	Comments: Enter a brief summary of the initial action taken and whether the complaint was or was not resolved. This includes One-Stop Career Center services offered to the complainant.
ITEM 10a	Name and Title of Person Receiving Complaint: Enter the name of the One-Stop Career Center representative accepting the complaint and his or her title.
ITEM 10b	Telephone Number: Complete the telephone number of Person Receiving Complaint
ITEM 11	Office Address: Enter the complete address of the complaint-taker's office (the office/One-Stop Career Center in which the complaint was filed).
ITEM 12 a - b	Signature and Dates: The One-Stop Career Center representative or designated Complaint Specialist accepting the complaint is required to sign and date the form.

Completing the Process:

1. Complaints must be logged and recorded in accordance with established procedures.
2. Make three copies.
3. File the original in the complaint folder.
4. Give one copy to the complainant.
5. Send one copy to each enforcement agency identified in the complaint, as required. Use a referral memo to transmit the complaint.
6. If MSFW related, send one copy to the Monitor Advocate.
7. When writing a determination do not forget to grant due process to complainant (right to appeal).
8. Complaints not resolved within the prescribed time frames must be elevated to the State Level.

Complainant: _____ Respondent: _____