



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 / /	

Part II. For OSCC Use Only

1. Migrant or Seasonal Farmworker?

☐ Yes ☐ No

2. Type of Complaint ("X" Appropriate Box(es))

☐ Job Service Related Job Order No. _____☐ Against Job Service☐ Against Employer☐ Alleged Violation of WIA Regulations☐ Alleged Violation of Employment Law(s)☐ Non-Job Service Related3. If non-Job Service-related, does Complaint concern laws enforced by U.S. Employment Standards Administration (Wage and Hour) or OSHA? ☐ Yes ☐ No

4. Kind of complaint ("X" Appropriate Box(es))

☐ Wage Related☐ Child Labor☐ Working Conditions☐ Migrant and Season Agricultural Worker Protection Act (MSPA)☐ Other (Specify) _____☐ Housing☐ Pesticides☐ Health/Safety☐ Disability Discrimination☐ Discrimination*

5. H-2a/Criteria Employer

☐ U.S./Domestic Worker☐ H-2a Worker☐ Wages☐ Transportation☐ Meals☐ Housing☐ Other _____

6. *For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the State Workforce Agency, or with the Directorate of Civil Rights (DCR), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

7a. Referrals To Other Agencies ("X" one)

☐ Wage & Hour ESA/U.S. DOL.☐ OSHA☐ Other _____

8. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)

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b. Follow-Up ("X" one)

☐ Monthly☐ Yes ☐ No☐ Quarterly

c. Follow-up Date

_ / _ /

9. Comments (If additional space is needed, use separate sheet of paper) Provide OSCC Services? ☐ Yes ☐ No If "No", explain.**Complaint resolved?**☐ Yes☐ No If "No", explain.

10a. Name and Title of Person Receiving Complaint

11. Office Address (No., St., City, State, ZIP Code)

b. Phone No.

() -

12a. Signature

b. Date

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Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Migrant and Seasonal Farmworker Program, Room S4209, 200 Constitution Avenue, NW, Washington, DC 20210.

**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).

B. Do not write on the back of the Complaint / Referral Record; use additional sheets of paper if extra space is needed.

1. Include complaint number, complainant's name and signatures with date (s) on every additional page used.
2. On the last page of the complainant's statement, draw a diagonal line from the last word to the end of the page to insure that other comments are not added to the original statement.

SPANISH CERTIFICATION STATEMENT: CERTIFICO que la información suministrada en este formulario (querella) es completa y correcta. AUTORIZO la revelación de dicha información a otras agencias responsables por el cumplimiento de las leyes para fines de la debida investigación de mi querella. ENTIENDO que mi identidad se mantendrá confidencial en la mejor manera posible, de acuerdo con las leyes correspondientes y la justa resolución de mi querella.

ITEM 9

Signature of Complainant: Review the complaint statement with the complainant; request his/her signatures. The complainant or the complainant representative's signatures are required in this block.

- In case of several complainants, signatures are required by at least one of the complainants.
- If the complainant (s) refuses to sign the complaint form, a statement by the One-Stop Career Center Complaint Specialist is required to this effect. The complainant should be further advised in writing that since he/she refuses to sign, no further action can be taken on the complaint.

IF the Complainant:	
LANGUAGE:	THEN:
Reads English	Have them read the certification statement on the ETA 8429.
Reads Spanish (only)	Have them read the certification statement above Item 9 in Spanish.
Cannot read English / Understands English	Read the certification statement to them in English.
Cannot read Spanish / Understands Spanish	Read the certification statement above Item 9 to them in Spanish.

ITEM 10

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

**INSTRUCTIONS FOR COMPLETING PART II OF THE ONE-STOP CAREER CENTER (OSCC)
COMPLAINT / REFERRAL RECORD (FORM ETA 8429)**

**One-Stop Career Center (OSCC) Use Only: This section is to be completed by OSCC / WIB staff Complaint / EEO Officer.
Please Print**

ITEM 1	Migrant and Seasonal Farm Worker (MSFW): Mark an "X" in the appropriate box. Yes if complainant is a MSFW or No if not a MSFW.	
	MSFW IDENTIFYING FACTORS	
	Identifying Factors	Explanation
	Industry Requirement	Farm work or Food Processing
	Rolling Time Frames	12 months prior to current visit

	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 Seasonal Farmworker 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	Type of Complaint 1. Enter an "X" in the box marked WIA related, if the complaint involves WIA activities. - 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. 2. If the complaint is non-WIA related, enter an "X" in the box marked non-WIA related.				
	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				
ITEM 3	Examples Of Laws Enforced By: <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Employment Standards Administration (ESA) - Fair Labor Standards Act (Minimum Wage) - Child Labor Laws - Overtime - Farm Labor Contractors - Wage Garnishment - Safety and health in temporary labor camp </td><td style="width: 50%; vertical-align: top;"> Occupational Safety and Health Administration (OSHA) - Safety and health on a work site - Safety and health in temporary labor camps - The Whistleblower Protection Program </td></tr> </table>			Employment Standards Administration (ESA) - Fair Labor Standards Act (Minimum Wage) - Child Labor Laws - Overtime - Farm Labor Contractors - Wage Garnishment - Safety and health in temporary labor camp	Occupational Safety and Health Administration (OSHA) - Safety and health on a work site - Safety and health in temporary labor camps - The Whistleblower Protection Program
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ITEM 4	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: - 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	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.				
ITEM 6	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				
ITEM 7a	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.				
ITEM 7b	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.				
ITEM 7c	Follow-up Date: If follow up is required enter the date of the next scheduled follow-up.				

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:** _____