

U.S. Department of Labor
Office of the Assistant Secretary for Administration and Management
CIVIL RIGHTS CENTER
Room N-4123
200 Constitution Avenue, NW
Washington, DC 20210

The following table provides revised directions for entering discrimination complaint data into the *Revised Discrimination Complaint Log* spreadsheet developed and provided by the U.S. Department of Labor (USDOL) Civil Rights Center (CRC). Under 29 CFR Part 37, the regulations implementing the nondiscrimination provisions of the Workforce Investment Act (WIA), recipients of Federal financial assistance under WIA Title I (see definition below) are required to maintain logs of complaints that allege discrimination on one or more of the bases prohibited by WIA, and to submit these logs to CRC upon request.¹ In addition, where designation of individuals by race or ethnicity is required, the Office of Management and Budget guidelines must be used.

Questions or other concerns regarding the directions for the spreadsheet, the format or maintenance of the discrimination complaint log, or the entities that are required to maintain the log, should be addressed to Equal Opportunity Specialist Pir Ahmad, by phone at (202) 693-6560 (voice), (202) 693-6516 (TTY), or (800) 877-8339 (Federal Relay Service), or via e-mail at ahmad.pir@dol.gov.

Discrimination Complaint Log Fields			
Column	Column Name	Data Entry	
A	Date of Complaint	Date complaint was filed. Format MM/DD/YY. Example - 06/02/04	
B	Name of Complainant	Complete name of individual filing complaint	
C	Address of Complainant	Complete address of complainant	
D	Status of Complainant	Employee	Current or former employee of, and/or applicant for employment with, respondent
		Student	Current or former Job Corps Center student/enrollee.
		WIA Participant	Individual who has been determined eligible to participate in, and who is receiving aid, benefits, services, or training under, a program or activity financially assisted in whole or in part under Title I of the Workforce Investment Act, or provided through the One-Stop Career Center service delivery system by a One-Stop partner as the latter term is defined in WIA Section 121(b).

¹ Since 2004, CRC has required that the logs be maintained and submitted using the *Revised Discrimination Complaint Log* spreadsheet in Microsoft Excel.

		<p style="text-align: center;">Customer</p>	<p>Either (a) An individual who has not yet become either an applicant or a WIA participant, as defined in this chart, but who has come into contact with the recipient because of interest in a program or activity that is either financially assisted under WIA Title I or provided through the One-Stop system by a One-Stop partner; or (b) an employer or employer representative that is seeking or receiving employer services that are authorized under WIA, such as customized screening and referral services or other employment-related services, from or through the recipient.</p>
		<p style="text-align: center;">Applicant</p>	<p>An individual who is interested in being considered for WIA Title I-financially assisted aid, benefits, services, or training, and who has signified that interest by submitting personal information in response to a request by the recipient..</p>
		<p style="text-align: center;">Service Provider</p>	<p>Any “operator of, or provider of aid, benefits, services, or training to”: * any WIA Title I – financially assisted program or activity that receives financial assistance from or through any State or LWIA grant recipient, or * any participant through that participant’s Individual Training Account (ITA); or * any entity that is selected and/or certified as an eligible provider of training services to recipients.</p>
		<p style="text-align: center;">Non-Customer</p>	<p>Person who has filed a complaint and who is not a customer, applicant, student, employee, WIA participant or service provider, as defined above.</p>

E	DOL-Funded Program	<p>For complaints involving one or more of the programs listed below that receive financial assistance from DOL, enter the letters designating the program(s).</p> <ul style="list-style-type: none"> * Program authorized under WIA Title I (WIA) * Employment Services Program (ES) * Unemployment Insurance Program (UI) * Job Corps (JC) * Trade Adjustment Act Program (TAA) <p>For complaints involving another program or activity, or for which the program or activity is unknown, enter NON (for “Non-DOL-funded program”).</p>
F	Date of Alleged Discriminatory Incident	Date of the last allegedly discriminatory incident. Format: MM/DD/YY. Example - 06/02/04.
G	Grounds (Bases) of Complaint	<p>Enter grounds (bases) of discrimination alleged in complaint: race, color, religion, sex, national origin, age, disability, political affiliation or belief, citizenship, or participation in any WIA Title I-financially assisted program or activity. <i>See</i> 29 CFR 37.5. Examples: sex (F); race (White); national origin(Arab).</p> <p>Please note that collection of race and ethnicity data must be consistent with OMB guidance available online at http://www.whitehouse.gov/omb/fedreg_1997standards/ (see 29 CFR 37.37(d))</p>
H	Description/Issue of Complaint	Enter a brief description of the allegedly discriminatory conduct. Examples: denial of training; racial slurs; sexual harassment; denial of services; hostile work environment.
I	Name of Respondent	The person or entity alleged to have committed the discriminatory act, or to be responsible for the alleged discrimination. Identify the Respondent. If a person, provide that person’s name, if known, or position. If an entity, provide the entity’s title.
J	Is Respondent a recipient?	<p>Enter either “Yes” or “No.” A recipient is any entity to which financial assistance under WIA Title I is extended, either directly from the U.S. Department of Labor (DOL) or through a State’s Governor or another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIA Title I-financially assisted program or activity. <i>See</i> definition of “beneficiary” in 29 CFR 37.4.</p> <p>In instances in which a Governor operates a program or activity, either directly or through a State agency, using discretionary funds apportioned to him or her under WIA Title I (rather than disbursing the funds to another recipient), the Governor is also a recipient.</p> <p>“Recipient” includes, but is not limited to:</p> <ol style="list-style-type: none"> (1) State-level agencies that administer, or are financed in whole or in part with, WIA Title I funds or financial assistance; (2) State Employment Security Agencies; (3) State and local Workforce Investment Boards;

		<p>(4) Local Workforce Investment Area (LWIA) grant recipients; (5) One-Stop operators; (6) Service providers, including eligible training providers; (7) On-the-Job Training (OJT) employers; (8) Job Corps contractors and center operators, excluding the operators of Federally-operated Job Corps centers; (9) Job Corps national training contractors; (10) Outreach and admissions agencies, including Job Corps contractors that perform these functions; (11) Placement agencies, including Job Corps contractors that perform these functions; and (12) Other programs receiving Federal funds or other financial assistance under Title I, Subtitle D, of WIA directly from DOL. Such programs include, but are not limited to, Job Corps; the Migrant and Seasonal Workers Programs; Native American Programs; and Veterans' Workforce Investment Programs.</p> <p>In addition, One-Stop partners, as defined in section 121(b) of WIA, are treated as "recipients," to the extent that they participate in the One-Stop Career Center service delivery system established by WIA.</p>
K	Disposition	Enter a description of the disposition of the complaint (the outcome of the complaint processing procedure). Examples: Settled; Resolved; No Probable Cause; Withdrawn, etc.
L	Date of Disposition	Enter date of the disposition described in Column K (Disposition). Format: MM/DD/YY. Example - 06/02/04.
M	ADR?	Enter " Yes " if complaint was processed utilizing an Alternative Dispute Resolution (ADR) procedure, or " No " if not.

Discrimination Complaint Log

Name of Entity: _____

Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. Pursuant to 29 CFR § 37.37(c), completing this log is required to obtain or retain benefits under the Workforce Investment Act of 1998. The Department of Labor is required to collect this information to identify any patterns of discrimination that may exist within a particular program, and to ensure that individuals who file complaints alleging discrimination with the recipient are afforded due process in that the complaint is processed in accordance with the nondiscrimination provisions of the Workforce Investment Act of 1998 for complaint processing procedures. Average response time is estimated to be 3 minutes for each compliant entry. Send comments regarding this estimate or any other aspects of this collection of information to the U.S. Department of Labor, Office of Management and Administration, Civil Rights Center, Room N-4123, Washington, D.C. 20210. Please reference OMB control number 1225-0077.

Date of Complaint	Name of Complainant	Address of Complainant	Status of Complainant	DOL-funded Program	Date of the Alleged Discriminatory Incident	Grounds/ (Bases) of Complaint	Description/Issue of Complaint	Name of Respondent	Is Respondent a recipient? Yes or No

abor's Civil Rights Center will use th
rimination and equal opportunity provisions
or, Office of the Assistant Secretary fc

Disposition	Date of Disposition	ADR Yes or No