

TRIDENT

STATE INSTRUCTION LETTER 99-06

COMPLAINTS OF DISCRIMINATION

TO: Trident Workforce Investment Area Contractors and Staff

ISSUANCE DATE: May 11, 2000

EFFECTIVE DATE: Immediately

SUPERSEDES: N/A

SUBJECT: Complaints of Discrimination

PURPOSE: To transmit complaint and consent forms that are to be made available to individuals who want to file complaints of discrimination.

POLICY: Recipients and subrecipients of WIA funds are prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under WIA, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program or activity.

PROCEDURES:

ALL SC Works Staff, Operators, Partners and contractors shall provide the complaint forms and notices to their subrecipients and ensure that the forms and notices are available upon request.



Ronald Mitchum, Executive Director
BCDCOG

June 27, 2012

Date



South Carolina
Employment Security Commission



COMMISSION
J. William McLeod, Chairman
(803) 737-2652
Samuel R. Foster, Vice-Chairman
(803) 737-2656
Carole C. Wells, Commissioner
(803) 737-2655

EXECUTIVE DIRECTOR
Joel T. Cassidy
(803) 737-2617

1550 Gadsden Street
P.O. Box 995
Columbia, South Carolina 29202

STATE WIA INSTRUCTION NUMBER: WIA 99-06

TO: Workforce Investment Areas

SUBJECT: Complaints of Discrimination

ISSUANCE DATE: May 11, 2000

EFFECTIVE DATE: July 1, 2000

PURPOSE: To transmit complaint and consent forms that are to be made available to individuals who want to file complaints of discrimination.

BACKGROUND: Recipients and subrecipients of WIA funds are prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under WIA, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program or activity. Anyone who thinks that he or she has been subject to discrimination under a WIA-funded program or activity, may file a complaint within 180 days from the date of the alleged violation with the SCESC's equal opportunity officer, P O Box 995, Columbia, S.C. 29202, or may file a complaint directly with the Director, Civil Rights Center, US Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, D.C. 20210.

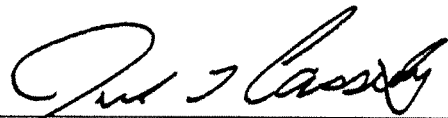
ACTION: Workforce Investment Area administrators shall provide the complaint forms and notices to their subrecipients and ensure that the forms and notices are available upon request.

STATE WIA INSTRUCTION NUMBER: WIA 99-06

Page (2)

Attachment #1 contains complaint and consent forms to be used when filing a complaint of discrimination with the US Department of Labor, Civil Rights Center. The complaint and consent forms in attachment #2 are to be used when electing to file a complaint of discrimination with the equal opportunity officer at the State level.

CONTACT: Questions regarding this instruction should be addressed to Mr. H. Michael Williams at (803) 737-4812.



Joel T. Cassidy, Executive Director

JTC/SPF/ag
ESC-2
Attachments

ATTACHMENT #1

Complaint Information Form

U.S. Department of Labor
Directorate of Civil Rights



<p>1. Complainant information: State your name and address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Social Security Number _____</p>	<p>Your telephone number(s)</p> <p>Home _____</p> <p>Area Code _____ Number _____</p> <p>Work _____</p> <p>Area Code _____ Number _____</p>	<p>7. To the best of your knowledge, which of the following Department of Labor programs were involved? (Check one)*</p> <p>___ Job Training (JTPA) ___ MSHA</p> <p>___ Job Corps ___ OSHA</p> <p>___ Job Service ___ WIN</p> <p>___ Youth</p> <p>___ Unemployment Insurance</p> <p>___ Apprenticeship</p> <p>___ Older Americans</p> <p>___ New Directions</p> <p>___ Displaced Worker</p> <p>___ Other: Specify _____</p> <p>*At the local level, these programs may be known by a different name.</p>
<p>2. Respondent information: Provide name and address of agency involved</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Telephone Number _____</p> <p>Area Code _____ Number _____</p>	<p>8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)</p> <p>___ Race: Specify _____</p> <p>___ Color: Specify _____</p> <p>___ Religion: Specify _____</p> <p>___ National Origin: Specify _____</p>
<p>3. What is the most convenient time and place for us to contact you about this complaint?</p> <p>_____</p>		<p>___ Sex: Specify <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>___ Age: Specify Date of Birth _____</p>
<p>4. To your best recollection on what date(s) did the discrimination take place?</p> <p>Date of first occurrence _____ Date of most recent occurrence _____</p>		<p>___ Handicap: Specify _____</p> <p>___ Political Affiliation: Specify _____</p> <p>___ Citizenship: Specify _____</p> <p>___ Reprisal/Retaliation</p> <p>___ Other: Specify _____</p>
<p>5. Have you ever attempted to resolve this complaint at the local level?</p> <p>___ No ___ Yes</p> <p>a. Have you been provided with a final decision at the local level regarding your complaint?</p> <p>___ No ___ Yes</p> <p>b. Have 60 days elapsed since you filed or attempted to file your complaint at the local level?</p> <p>___ No ___ Yes</p> <p>Date of final decision (if any) _____</p> <p>Date you filed or attempted to file your complaint at the local level _____</p>		<p>9. Do you think the discrimination against you involved: (Check one)</p> <p>___ Your job or seeking employment? or</p> <p>___ Your using facilities or someone providing/not providing you with services or benefits?</p>
<p>6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>If so, which of the following are involved?</p> <p>___ Hiring</p> <p>___ Transition</p> <p>___ Wages</p> <p>___ Job Classification</p> <p>___ Discharge/Termination</p> <p>___ Promotion</p> <p>___ Training</p> <p>___ Transfer</p> <p>___ Qualification/Testing</p> <p>___ Grievance Procedure</p> <p>___ Layoff/Furlough</p> <p>___ Recall (From Layoff-Furlough)</p> <p>___ Seniority</p> <p>___ Intimidation/Reprisal</p> <p>___ Harassment</p> <p>___ Access/Accommodation</p> <p>___ Union Activity</p> <p>___ Union Representation</p> <p>___ Application</p> <p>___ Enrollment</p> <p>___ Referral</p> <p>___ Exclusion</p> <p>___ Placement</p> <p>___ Benefits</p> <p>___ Performance Appraisal</p> <p>___ Discipline/Reprimand</p> <p>___ Other: Specify _____</p>
<p>For DOL Use Only</p> <p>CF received by DCR _____ Accepted _____ Not Accepted _____ Case Number: _____</p> <p>Date: _____</p>		

10. Why do you believe these events occurred?

11. What other information do you think is relevant to our investigation?

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

13. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name Address Telephone Number

Signed (Complaint NOT VALID unless signed)

Date

14. Do you have an attorney?

___ Yes ___ No

If yes, please provide name, address and phone:

15. Have you filed a case or complaint with any of the following?

- ___ Civil Rights Division, U.S. Dept. of Justice
- ___ U.S. Equal Employment Opportunity Commission
- ___ Federal or State Court
- ___ Your State or local Human Relations/Rights Commission

16. For each item checked in #15 above, please provide the following information:

Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of agency or Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of agency or Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

**U.S. Department of Labor
Directorate of Civil Rights**

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information submitted to Federal agencies, including the Directorate of Civil Rights (DCR): the Privacy Act of 1974 (5 U.S.C. 552), and the Freedom of Information Act (5 U.S.C. 552), or "FOIA." Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, along with your complaint form.

THE PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to DCR in connection with a discrimination complaint should know the following:

- DCR has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap, and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. DCR is also authorized to conduct reviews of Federally funded programs to assess their compliance with civil rights laws.
- Information that DCR collects is analyzed by authorized personnel within DCR. This information may include personnel or program participant records, and other personal information. DCR staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help DCR to determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. DCR may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to DCR may also be revealed to persons outside of DCR because it is necessary in order to complete enforcement proceedings against a program that DCR finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. DCR requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. DCR will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law requires that a complainant reveal personal information to DCR, and no action will be taken against a person who denies DCR's request for personal information. However, if DCR cannot obtain the information needed to fully investigate the allegations in the complaint, DCR may close the case.
- Any person may ask for, and receive, copies of all personal materials DCR keeps in his or her file for investigatory use.

AS A POLICY, DCR DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS, UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. DCR never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave DCR written permission to do so.

THE FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal Government files and records. Persons can request, and receive, information from many types of records kept by the Government—not just materials that apply to them personally. The Directorate of Civil Rights must honor most requests for information submitted under FOIA, but there are exceptions:

- DCR is usually not required to release information during an investigation or an enforcement proceeding if that release would limit DCR's ability to do its job effectively; and
- DCR can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM, PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO THE DIRECTORATE OF CIVIL RIGHTS WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.

CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Directorate of Civil Rights in connection with my complaint:

In the course of investigating my complaint, DCR may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to DCR, but DCR may close my complaint if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information DCR keeps in my complaint file for investigatory uses; and

Under certain conditions, DCR may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

SECTION A

YES

YES, DCR MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for DCR to process my complaint.

(Name—Signature)

(Date)

SECTION B

NO

NO, DCR MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for DCR to disclose my identity during investigation of my complaint. I request that DCR process my complaint, however, I understand that DCR may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that DCR may close my complaint if it cannot begin an investigation because I have not consented for DCR to reveal my identity.

(Name—Signature)

(Date)

ATTACHMENT #2

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

Complaint Information Form

1. State your name and address: Telephone Number
Home: _____
Work: _____

Social Security Number _____

2. Name and address of agency involved: Telephone Number

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

_____ Date of first occurrence _____ Date of most recent occurrence

5. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

6. Basis of Complaint: Which of the following best describe why you believe you were discriminated against:

- _____ Race: Specify _____
- _____ Color: Specify _____
- _____ Religion: Specify _____
- _____ National Origin: Specify _____
- _____ Sex: Specify _____
- _____ Age: Specify _____
- _____ Disability: Specify _____
- _____ Political Affiliation: Specify _____
- _____ Citizenship: Specify _____
- _____ Status as a participant
- _____ Reprisal/Retaliation
- _____ Other: Specify _____

7. Why do you believe these events occurred?

8. What other information do you think is relevant to our investigation?

9. If this complaint is resolved to your satisfaction, what remedies do you seek?

10. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name _____ Address _____ Telephone Number _____

11. Do you have an attorney? Yes _____ No _____ If yes, please provide the name, address and telephone number.

12. Have you filed a case or complaint with any of the following?

_____ Civil Rights Center, U. S. Department of Labor
_____ Civil Rights Division, U. S. Department of Justice
_____ U. S. Equal Employment Opportunity Commission
_____ Federal or State Court
_____ State Human Affairs Commission

For each item checked above, please provide the following information:

Agency: _____ Date filed: _____
Date of trial or hearing: _____
Location of court: _____
Name of investigator: _____
Status of case: _____

Agency: _____ Date filed: _____
Date of trial or hearing: _____
Location of court: _____
Name of investigator: _____
Status of case: _____

Signed (Complaint NOT VALID unless signed) Date

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information submitted to Federal agencies in connection with Federally-funded programs: The Privacy Act of 1974, and the Freedom of Information Act. Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement attached, along with your complaint form.

THE PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information in connection with a discrimination complaint should know the following:

- The South Carolina Employment Security Commission, (SCESC) has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, disability, sex, religion, citizenship, political affiliation or belief, and for beneficiaries only, status as a participant in programs that receive federal funds through the U. S. Department of Labor. The SCESC is also authorized to conduct reviews of Federally-funded programs to assess their compliance with civil rights laws.
- Information that the SCESC collects is analyzed by authorized personnel within the agency. This information may include personnel or program participant records, and other personal information. The SCESC staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help the SCESC to determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. The SCESC may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to the SCESC may also be revealed to persons outside the agency because it is necessary in order to complete enforcement proceedings against a program that the SCESC finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.

- Any personal information you provide may be used only for the specific purpose for which it was requested. The SCESC requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. The SCESC will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law requires that a complainant reveal personal information to the SCESC, and no action will be taken against a person who denies the SCESC's request for personal information. However, if the SCESC cannot obtain the information needed to fully investigate the allegations in the complaint, the SCESC may close the case.
- Any person may ask for, and receive, copies of all personal materials the SCESC keeps in his or her file for investigatory use.

As a policy, the SCESC does not reveal names and other identifying information about individuals, unless it is necessary to complete investigation or enforcement activities against a program which has violated the law. The SCESC never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave the SCESC written permission to do so.

The Freedom of Information Act gives the public maximum access to Federal Government files and records. Persons can request, and receive, information from many types of records kept by the Government--not just materials that apply to them personally. The SCESC must honor most requests for information submitted under FOIA, but there are exceptions:

- The SCESC will not usually be required to release information during an investigation or an enforcement proceeding if that release would limit the agency's ability to do its job effectively; and
- The SCESC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

Please read and sign section A or section B of the consent form, and return it to the South Carolina Employment Security Commission with your signed, completed Complaint Information Form.

CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the SCESC in connection with my complaint:

In the course of investigating my complaint, the SCESC may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to the SCESC, but the SCESC may close my complaint file if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information the SCESC keeps in my complaint file for investigatory uses; and

Under certain conditions, the SCESC may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

Section A YES

YES, THE SCESC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for the SCESC to process my complaint.

Signature of Complainant

Date

Section B NO

NO, THE SCESC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for the SCESC to disclose my identity during investigation of my complaint. I request that the SCESC process my complaint, however, I understand that the SCESC may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that the SCESC may close my complaint if it cannot begin an investigation because I have not consented for the SCESC to reveal my identity.

Signature of Complainant

Date