

Instructions for Completing Employment Service Complaint Referral Record

- I. **Special Instructions.** Form ETA 8429 will be completed by the Employment Service Complaint Specialist in accordance with Federal regulations at 20 CFR 658 Subpart E. Additional copies of the complaint will be distributed as follows: Original and copy will be retained by Local Office, one copy will be given to complainant, and one copy will be sent to the State Monitor Advocate. When it is necessary to elevate the complaint to the State office, an additional copy of Form ETA 8429 will be forwarded with all pertinent information. All complaints should be recorded on the local office complaint log. In the case of complaints alleging discrimination, a copy of the Form will be sent to the State Equal Opportunity Officer if different than the Monitor Advocate.

Item No. 10 of Part I on the revised Form ETA 8429 requests the complainant's Social Security Number. It is of utmost importance that the complainant authorizes the Complaint Specialist to use his/her SSN on Form ETA 8429. The Privacy Act concerning SSNs require the following:

“Any Federal, State, or Local Government Agency which requests an individual to disclose his/her Social Security Number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.”

If the complainant has previously registered and a Social Security Number is on record, the individual must, nevertheless, give his/her consent to use the Social Security Number on Form ETA 8429. To show proof of consent, have complainant initial next to the Social Security Number. Using the complainant's SSN number for the purpose of identifying or numbering a complaint is not necessary. Local Employment Service Offices can develop and use whatever identifying system they wish to use. **Colorado complaint numbering is as follows: # of complaint; State; Local office #; Date; Time complaint was taken in military time.**
Ex: 05-CO-3164-011208-0900.

II. **Preparation of Form.**

- A. **Reading of Form (Part I).** The complainant will complete this part. However, Employment Services Staff may be required to assist the complainant in preparing this portion.
1. **Name of complainant.** Enter the name of the individual(s) filing the Complaint. Use additional space to enter the name of more than one complainant, if necessary.
 - 2a-b. **Permanent and temporary address.** Enter the permanent address of the complainant in item 2a. Migrant and other workers often have temporary residences while working away from home. The temporary mailing address should be entered in item 2b.

- 3a-b. **Permanent and temporary telephone number.** Enter either the permanent telephone number in item 3 and/or the temporary number in 3b. If a complainant does not have a telephone, enter, where possible, a telephone number where he/she can be reached or given a message.
4. **Name of person complaint is being made against.** Enter the name of the person, where applicable, allegedly responsible for the complaint.
5. **Name of employer/ES office.** Enter the name of the employer or the Employment Service Office charged with being responsible for the alleged violations.
6. **Address of employer/ES office.** Enter the full address of employer or the Employment Service Office against whom the complaint is being filed.
7. **Telephone number of employer/ES office.** Enter the area code and full telephone number of the employer or ES office against which complaint is being filed.

B. **Reporting Items (Part I)**

8. **Description of Complaint.** Enter the complainant's statement on his/her grievance. The statement should be complete and indicate the results expected. If the complainant is unable to fill out this section and assistance is given, the statement should be written in the first person.

An additional sheet of paper should be provided if extra space is necessary. Additional sheet(s) are to be identified with the name of the complainant and the complaint number if one is used. To ensure that no further comments are added to the original statement, a diagonal line should be drawn from the last word of the statement to the end of the page.

9. **Signature of complainant.** Enter the signature of the complainant. The complaint must be signed by at least one complainant. If the complainant refuses to do so, a statement by the agency official taking the complaint will be written to this effect. The complainant will be further advised, in writing, that since he or she refused to sign the complaint, no further action can be taken on the complaint. The complainant's signature should be on each additional sheet used for Item No. 9.
10. **Social Security Number.** Enter complainant's Social Security Number. Please refer to the paragraph under "Special Instructions."
11. **Date signed.** Enter the full date that the complaint was signed by the complainant.

C. **Reporting Items (Part II).** This section is to be used by Employment Services staff who are responsible for analyzing the complaint and recording all actions taken.

1. **Migrant or Seasonal Farm Worker.** Enter a check indicating whether or not the complainant meets the definition of a migrant or seasonal farm worker (MSFW).

Note: “Migrant Farm Worker” is a seasonal farm worker who had to travel to do the farm work so that he/she was unable to return to his/her permanent residence within the same day. Full-time students traveling in an organized group rather than with their families are excluded (Source: Federal Regulations at 20 CFR 651.7).

2. **Type of complaint.** Enter “X” in the appropriate box. If a job order is involved, enter the complete job order number in the space provided. Leaving this part blank means that there was no job order involved.
3. **If non-ES related, does complaint concern laws enforced by OSHA or ETA.** If applicable, enter an “X” in the appropriate box indicating whether the complaint concerns laws enforced by OSHA or ETA.
4. **Kind of complaint.** Enter an “X” in the appropriate box (es) to properly identify the type of complaint.
 - a. Use the “Handicap Discrimination” box to record complaints alleging discrimination on the basis of handicap. 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 handicap complaints pursuant to 29 CFR Part 32.45.
 - b. 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 167 of the Job Training Partnership Act. See item 6 below for a description of discriminatory bases covered and filing procedures.
5. **H-2A/Criteria Employer.** Enter an “X” to identify whether the complainant is a U.S. worker or H-2A worker. In addition, mark an “X” next to the subject that best represents the basis of the complaint.
6. **For Discrimination Complaints only.** Complainants alleging discrimination on the basis of race, color, national origin, sex, religion, age, political affiliation or belief, or citizenship should file DL Form 1-2014 “Complaint Information Form” (CIF) directly with the Directorate of Civil Rights at the Following address:

U.S. Department of Labor
Directorate of Civil Rights
200 Constitution Avenue, N.W.
Room N-4123
Washington, D.C. 20210

If requested, ES Staff should provide the complainant with a copy of DOL Form 1-2014a or instructions on how to obtain one.

- 7a-c. **Referrals to other agencies.** Enter an “X” in the appropriate box with name of the agency to which complaint was referred. In addition, where follow-up is required; enter whether monthly or quarterly procedures are mandated and date of follow-up.
8. **Address of Referring Agency.** Enter the full name, address, and telephone number of the enforcement agency to which complaint was referred.
9. **Comments.** Enter a brief summary of the initial action taken and whether complaint was or was not resolved.
- 10a-b. **Name and Title of Person Receiving Complaint.** Enter in item 10a the name and title of the Employment Service representative accepting the complaint. Under item 10b, enter his/her area code and telephone number.
11. **Office Address.** Enter the full address of the Employment Service Office in which complaint was filed.
- 12a-b. **Signature.** This section is to be signed and dated by the Employment Service representative accepting the complaint.