



Virginia Employment Commission (VEC)  
Human Resource Management Services  
P.O. Box 1358, Room 101  
Richmond, VA 23218  
(804)786-3466/ (804)371-2814 FAX  
VRC: 711

## Equal Opportunity Discrimination Complaint Form

Please read the form carefully. **Type or print your answers.** Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages. If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a."

1. Are you a complainant (VEC Customer) or a representative of the complainant? Please check the correct box.  
Please check the correct box    Complainant         Representative
2. Please give your name and the other information we ask you for on the lines below. If you are a representative, please give the complainant's name and contact information in this section, and your own name and contact information in section 3.

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Complainant's Name

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Street Address

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City

State

Zip Code

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Telephone number(s) where we can reach you. (Do not give your work number if you don't want us to call you there.)

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E-mail Address

Best time to contact you

3. If you are the complainant's representative, please give your name and contact information in this section, and attach a letter or other document signed by the complainant, authorizing you to serve as his or her representative.

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Representative's Name Representative's Organization (if any)

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Street Address

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City

State

Zip Code

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Telephone number

E-mail Address

For the rest of the questions on this form, if you are filing this complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filing out the forms.

4. This complaint is about something that happened to (Please check the appropriate box):

Only me

Me and other people

Other people, but not me

5. Please give the name of the agency, organization, or business that you are complaining about. If you have any contact information for the agency, organization, or business and/or if you know the name of the person(s) who you think discriminated against you, please give that information as well. If you need more space to give all of the information, please attach more pages to this form.

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Name of Division, Unit, Office

Telephone Number(s)

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Street or Mailing Address

E-mail Address

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Name of Person You think Discriminated

Job Title

6. What program was involved in the discrimination you are complaining about? If you do not know the name of the program, and your complaint does not involve an American Job Center or a state or local government, please check "Do not know."

Workforce Investment Act and/or workforce Innovation and Opportunity Act Program

Unemployment Insurance

Employment Service or Job Service

Trade Assistance Act Program

Migrant and Seasonal Farm Workers Program

Veterans Services

RESEA

Other (what program? \_\_\_\_\_)

Do not know

7. What do you think was the basis (reason) for the alleged discrimination? Please check the boxes next to all of the bases (reasons) you think were involved in the discrimination, and answer any other questions that go along with that box.

**Because of my National Origin** (Please answer questions below.)

Are you Hispanic or Latino?     Yes                     No

What is your national origin (*the country from which you, your parents, your grandparents, or your earlier ancestors came*)?  
\_\_\_\_\_

Because of my Limited English Proficiency (*What is the language in which you feel most comfortable communicating? For example, Spanish, Croatian, Cambodian*) \_\_\_\_\_

**Because of my Race** (*Please answer questions below.*)

What is your race? Please check all that apply.

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Other \_\_\_\_\_

**Because of my Sex** (What is your sex? \_\_\_\_\_)

**Because of my Pregnancy**

**Sexual Harassment**

- Because of my Sexual Orientation** (What is your sexual orientation) \_\_\_\_\_)
- Because of my Gender Identity** (What is your gender identity) \_\_\_\_\_)
- Sexual Harassment**

**Because of my Color** (What is your color? \_\_\_\_\_)

**Because of my Religion** (What is your religion? \_\_\_\_\_)

**Because of my Age** (What is your date of birth? \_\_\_\_\_)

**Veteran Status**

**Because of my Political Affiliation or Political belief** (What is your political affiliation or political belief?  
\_\_\_\_\_)

**Because of my Disability** (Please check one of the following three boxes.)

I have a disability (which may be active or inactive right now). (What is your disability? \_\_\_\_\_)

I have a record of a disability. (What was your past disability? \_\_\_\_\_)

I do not have a disability, but the agency treats me as if I am disabled.

**Because of my Citizenship** (What is your citizenship? \_\_\_\_\_)

**Because of my participation in a program that receives Federal financial assistance** (Name the program: \_\_\_\_\_)

**I was Retaliated** against (Retaliation) because I complained about discrimination, or because I gave a statement or was involved in some other way with someone else's discrimination complaint. Please provide details \_\_\_\_\_

8. For each of the basis (reasons for discrimination) you checked above, please explain what happened, how you were (or someone else was) harmed by what happened, and how or why you think what happened was because of the basis you checked. *For example, you checked "Because of my Race," list the facts you think explain **how or why** you think what happened was because of the race of the persons who were harmed.*

If other persons or groups were treated differently from you (or the other people who you think were discriminated against), please describe who was treated differently, how their treatment was different, and how the different treatment harmed you (or the other people you think were discriminated against). Please be specific and brief. Give the name(s) of and contact information for any of the people involved, if you can.

If your answer does not fit in the space below, please use more pages of paper to finish your answer, and attach those pages to this form.

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9. On what date(s) did the alleged discrimination take place?

a. Date of the first action: \_\_\_\_\_

b. Date of most recent action: \_\_\_\_\_

c. If the date of the most recent action was more than 180 days ago, please explain why you did not file a complaint before now.

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10. Please list below any other people (witnesses, coworkers, supervisors, or others) whom you have already named and who we should contact for information about your complaint. Attach additional pages if you need more space for this information.

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Person's Name	Relationship to case (witness, coworkers, etc.)	Best time to contact this person
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Telephone number(s) and/or e-mail address where we can contact this person.

11. What remedies are you asking for?

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12. Please sign and date this form in the space below that applies to you. You must also read the notice on the next page entitled "Notice of Use of Investigatory Information" and sign and date the consent form.

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Signature of Complainant

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Date

Please mail, email, or fax a complaint to:

Mail: Shirley M. Bray-Sledge  
Human Relations Manager  
Virginia Employment Commission  
703 East Main Street Room 101  
Richmond, Virginia 23218

Fax: (804)371-2814

VRC: 711

Email: [Shirley.bray-sledge@vec.virginia.gov](mailto:Shirley.bray-sledge@vec.virginia.gov)