

**One Stop Career Center (OSCC) Complaint/  
Referral Record**

**U.S. Department of Labor  
Employment and Training Administration**

OMB Approval No. 1205-0039  
Expiration Date: 06/30/2009

For OSCC Use Only

Complaint No.
Date Received

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)		

I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of Certification 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. Social Security Number - -	11. Date Signed / /
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**Part II. For OSCC Use Only**

1. Migrant or Seasonal Farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. If non-WIA-related, does Complaint concern laws enforced by U.S. Employment Standards Administration (Wage and Hour) or OSHA? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. H-2a/Criteria Employer <input type="checkbox"/> U.S./Domestic Worker  <input type="checkbox"/> H-2a Worker  <input type="checkbox"/> Wages <input type="checkbox"/> Transportation  <input type="checkbox"/> Meals <input type="checkbox"/> Housing <input type="checkbox"/> Other _____
2. Type of Complaint ("X" Appropriate Box(es))  <input type="checkbox"/> WIA Related Job Order No. _____ <input type="checkbox"/> Against Job Service <input type="checkbox"/> Against Employer <input type="checkbox"/> Alleged Violation of WIA Regulations <input type="checkbox"/> Alleged Violation of Employment Law(s) <input type="checkbox"/> Non-WIA Related	4. Kind of complaint ("X" Appropriate Box(es)) <input type="checkbox"/> Wage Related <input type="checkbox"/> Child Labor <input type="checkbox"/> Working Conditions <input type="checkbox"/> Migrant and Season Agricultural Worker Protection Act (MSPA)  <input type="checkbox"/> Other (Specify) _____	

6. \*For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the SWA, 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) <input type="checkbox"/> Wage & Hour ESA/U.S. DOL. <input type="checkbox"/> OSHA <input type="checkbox"/> Other _____	8. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)  ( ) -
b. Follow-Up ("X" one) <input type="checkbox"/> Monthly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

10a. Name and Title of Person Receiving Complaint	11. Office Address (No., St., City, State, ZIP Code)
b. Phone No. ( ) -	12a. Signature  b. Date / /

Persons are not required to respond to this collection of information unless it displays a currently valid OMC Control Number. Respondents obligation to reply to these requirements are mandatory as required by 20 CFR 651, 653 and 658. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room C-4514, Washington, DC 20210 (Paperwork Reduction Project 1205-0039).

# INSTRUCTIONS FOR COMPLETING THE ONE-STOP CAREER CENTER (OSCC) COMPLAINT/REFERRAL RECORD

(ETA 8429)

## Instructions for the Complainant

***Part I: The complainant will complete this part. One-Stop Career Center staff should assist the complainant in preparing this portion of the form if assistance is requested by the complainant.***

*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: Print the complainant's complete mailing and residential address that he/she considers to be a permanent 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): Print the full name of the employer if complaint is against an employer. Print name and number of the One-Stop Career Center if complaint is against the Employment Service.*

*Item 6. Address of Employer/ES Office (One-Stop Career Center): Print the street number, street name, city, state, and zip code. If complaint is against an employer, use his/her address. If complaint is against the Employment Service, use the One-Stop Career Center address. If employer, include directions to work site.*

*Item 7. Telephone Number of Employer/ES Office (One-Stop Career Center):* Enter the area code and seven-digit number of employer or One-Stop Career Center listed in Item 5.

*Item 8 Description of Complaint:*

<b>IF:</b>	<b>THEN:</b>
The complainant requires assistance in completing this section.	Print the statement for the complainant using the first person ("I...").
The complainant does <u>not</u> require assistance.	Allow the complainant to print the statement.

- A. The complaint description should include:
  1. The specific charge of wrongdoing.
  2. The complainant's proposed corrective action (*or the results expected*).
  3. The exact amount of money due.
  4. The number of hours worked/bins, buckets, boxes picked.
  5. The name of immediate supervisor if different than respondent.
  6. The type of work performed.
  7. The exact dates and time worked.
  8. The respondent's Social Security Number (*if available*).
- B. Do not write on the back of the Complaint/Referral Record.
- C. Use additional sheets of paper if extra space is needed.
- D. Identify these pages with the complainant's name and complaint number. (*Suggestion: Complainant should sign and date the additional pages.*)
- E. Draw a diagonal line from the last word of the statement to the end of the page to insure that other comments are not added to the original statement.

**SPANISH CERTIFICATION STATEMENT: CERTIFICO** que a mi leal saber y entender, los datos que proporciono son ciertos y exactos. **AUTORIZO** la revelación de dichos datos a otras agencias encargadas del cumplimiento de las leyes para fines de la debida investigación de mi queja. **ENTIENDO** que se mantendrá confidencial mi identidad al mayor grado posible, de acuerdo con las leyes aplicables y una justa resolución de mi queja.

*Item 9. Signature of Complainant:* Review the complaint with the complainant and request his/her signature. The complainant or the complainant's representative must sign this block.

- A. In the case of several complainants, the complaint must be signed by at least one of the complainants.

- B. The complainant's signature should be on each additional sheet, if additional sheets are needed.
- C. If complainant refuses to sign the complaint form, a statement by the One-Stop Career Center Complaint Specialist should be written to this effect. The complainant should be further advised in writing that since he/she refuses to sign the complaint, no further action can be taken on the complaint.

<i>IF the Complainant:</i>	<i>AND:</i>	<i>THEN:</i>
Reads English		Have them read the certification statement on the ETA 8429.
Reads Spanish (only)		Have them read the certification statement above <i>Item 9</i> 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 <i>Item 9</i> to them in Spanish.

*Item 10. Social Security Number (SSN): Enter the complainant's nine digit Social Security Number.*

**The Privacy Act concerning SSNs requires 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."

Item No. 10 (above) of Part I on the revised Form ETA 8429 requests the complainant's Social Security Number (SSN). It is utmost importance that the complainant authorizes the One-Stop Career Center Complaint Specialist to use his/her SSN on the Form ETA 8429.

**The complainant's SSN may not be accessed from other One-Stop Career Center records. The individual must give his/her consent to use the Social Security Number on Form ETA 8429. To show proof of consent, request complainant's initials next to the SSN.**

This agency collects Social Security Numbers for record keeping and federal and state reporting, which includes follow-up and retention data.

*Item 11. Date Signed: Enter the month/day/year that the complainant signed the ETA 8429.*

### **Instructions for One-Stop Career Center Staff**

Special Instructions for One-Stop Career Center Staff:

- Every applicable item must be completed legibly.

- Make three copies.
- File the original in the complaint folder.
- Give one copy to the complainant.
- Send one copy to the enforcement agency, when necessary. Use a referral memo to transmit the complaint.
- Send one copy to the Monitor Advocate official if the complaint is elevated.
- Complaints must be logged and recorded in accordance with established procedures.

Additional copies may be prepared as deemed necessary by the local office.

***Part II: For One-Stop Career Center (OSCC) Use Only. This section is to be used by One-Stop Career Center associates who are responsible for analyzing the complaint and recording all actions taken.***

*Item 1. Migrant and Seasonal Farmworker: Enter a check mark (✓) indicating whether or not the complainant meets the definition of a migrant or seasonal farmworker (MSFW).*

*Item 2. Type of Complaint.*

- A. If the complaint is Employment Service related.
  - 1. Enter an "X" in the box marked ES related.
    - i. Enter an "X" in one or more of the appropriate 4 boxes below the ES related box.
    - ii. If a job order is involved, enter the complete job order number in the space indicated. Leave blank if no job order is involved.
- B. If the complaint is non-Employment Service related, enter an "X" in the box marked non-ES related.

*Item 3. If non-ES related, does complaint concern laws enforced by OSHA or ESA?*

If applicable, enter an "X" in the appropriate box indicating whether the complaint concerns laws enforced by OSHA or ESA.

***EXAMPLES OF LAWS ENFORCED BY:***

- A. Employment Standards Administration (ESA)
  - 1. Minimum wage
  - 2. Child Care
  - 3. Overtime
  - 4. Farm Labor Contractors
  - 5. Wage Garnishment
  - 6. Safety and health in temporary labor camps

B. Occupational Safety and Health Administration (OSHA)

1. Safety and health on a work site
2. Safety and health in temporary labor camps

*Item 4. Kind of Complaint:* Enter an "X" in one or more of the 10 boxes to properly identify the kind(s) of complaint.

- A. 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.
- 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 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. In addition, mark an "X" next to the subject that best represents the basis of the complaint.

*Item 6. Discrimination complaints (other than disability) against Federally assisted Employment Programs,* including the Wagner-Peyser services provided by the One-Stop Career Centers, should be submitted to the USDOL Directorate of Civil Rights, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C., 20210

*Item 7a. Referrals to Other Agencies:* Enter an "X" in the appropriate box with the name of the agency to which the complaint was referred. If the same complaint is referred to ESA, OSHA, and/or other enforcement agencies (EEO, State Health Departments, etc.), mark separate copies appropriately.

*Item 7b. Follow-up:* Where follow-up is required, enter whether monthly or quarterly procedures are mandated. Enter an "X" in the block marked monthly if the complainant is a MSFW.

*Item 7c. Follow-up Date:* 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.

*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 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 12a-b. Signature and Dates: This section is to be signed and dated by the One-Stop Career Center representative or designated Complaint Specialist accepting the complaint.*