

## **EQUAL OPPORTUNITY/NONDISCRIMINATION COMPLAINT REPORT PROCEDURES**

### **PURPOSE:**

To provide an Equal Opportunity/Nondiscrimination (EO) form to become a part of the EO reporting system.

### **SCOPE:**

The Equal Opportunity/Nondiscrimination Complaint Report form will provide a uniform format for recording and reporting the receipt and processing of discrimination complaints arising at the local level, or if known, at the Federal level.

### **Additional Attachments:**

Attachment A- Service Provider Quarterly Complaint Form

### **GENERAL INSTRUCTIONS:**

Each LWIA will prepare and submit a copy of this report (Attachment A- Service Provider Quarterly Complaint Form); or written correspondence indicating no complaints were filed to the Bureau of Workforce Development, Department of Commerce and Economic Opportunity on a quarterly (every three months) basis.

The State EO Officer must receive the report on or before the fifth (5th) of the month, following the end of each quarter.

### **Record Retention Requirements**

Each LWIA shall maintain records regarding complaints and actions taken for a period of not less than three years from the date of resolution of the complaint.

Entries on the form should be on one line of this report for each complaint received, pending or closed out, during the quarterly period covered. Following is a breakdown of entries:

- (1) The number assigned to the complaint. To standardize case numbers assigned to complaints, the following method is to be used -the consecutive order in which the complaint was received, and the current program year (i.e. 1-02);
- (2) The date the complaint was received or filed;
- (3) The name and address of the complainant; category of complainant (i.e., employee, applicant, participant, client or organization);
- (4) The name and address of the respondent; category of respondent (service provider, administrative entity, grant recipient or private employer);
- (5) The basis of complaint (race, color, national origin, age, sex, religion, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in WIA).
- (6) ACTION/ISSUE (for example, discharge, failure to hire, suspension);

- (7) Hearing date and whether informal or formal (for example, 1-10-02 Formal);
- (8) Date and results of final disposition (for example, 1-1-93 complaint withdrawn, resolved);
- (9) Date referred and type of referral agency; (for example, 1-1-01 Federal-CRC, State-DCEO)

This report should be submitted to:

The Illinois Department of Commerce and Economic Opportunity  
Office of Equal Opportunity Monitoring and Compliance  
Mr. Tim Golemo  
State Equal Opportunity Compliance Officer and Investigator  
500 East Adams - Floor 8  
Springfield, Illinois 62701

The July through June report is self-explanatory. Complete these reports for all discrimination complaints filed during the program year and submit to the above address by July 5th, the end of the program year.