

Complaint Form – Equal
Employment Opportunity in
Apprenticeship Programs

U.S. Department of Labor
Employment and Training Administration
Office of Apprenticeship



OMB Approval No. 1205-0224
Expiration Date:

Instructions: Before completing this form, please read all instructions, including the Privacy Act statement below. Use this form to file a complaint of discrimination. This form constitutes notification that a formal Equal Employment Opportunity Complaint is being filed with the U.S. Department of Labor (USDOL).

Privacy Act Notice: The Privacy Act of 1974 requires that the USDOL provide the following statements to each individual from whom it requests information.

The authority for collecting this information is the National Apprenticeship Act of 1937.
The submission of this information is voluntary.

The information is used to process complaints under the above Act.

A copy of this complaint will be provided to the sponsor against whom it is filed. The information collected may be verified with persons who have knowledge pertinent to the complaint, may be used in the course of settlement negotiations with the sponsor and/or in the course of presenting evidence at a hearing, or may be disclosed to other agencies with jurisdiction over the complaint. Only the text of your complaint will be disclosed to the Sponsor and/or Employer. Your actual name and address will not be disclosed.

Failure to provide the information will restrict the action the USDOL can take on your behalf.

Non-Retaliation: Federal (Office of Apprenticeship, "OA") regulations require an employer to take all necessary steps to assure that there is no retaliation against any person who files a complaint or assists in its investigation. This includes any intimidation, threat, coercion or discrimination. Please notify the OA State Representative immediately if any alleged attempt at retaliation is made and file a Complaint Form.

All complaints must be filed within 180 days of the alleged discrimination or alleged failure to follow equal opportunity standards. Exceptions to this time frame must be fully justified and approved by the Department.

Name of Complainant: _____

Street Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone No: _____

Apprenticeship Program Sponsor: _____

Street Address: _____

City: _____ State: _____

ZIP Code: _____

Date of discrimination or failure to follow equal opportunity standards: _____

Bases: (Please review definitions on page 2.)

1. Race 2. Color 3. Religion 4. National Origin 5. Sex

(Check mark one, any, or all of the appropriate basis/bases you believe were discriminatory.)

