

**U.S. Department of Labor
Office of the Assistant Secretary for Administration and Management
CIVIL RIGHTS CENTER
Room N-4123
200 Constitution Avenue, NW
Washington, DC 20210**

The following table provides information for all State Workforce Investment Act (WIA) agencies, State Workforce agencies and Job Corps program contractors to assist in the entering of discrimination complaint data into the *Revised Discrimination Complaint Log* format provided by the U.S. Department of Labor (USDOL) Civil Rights Center (CRC). Questions or other concerns regarding this information, the discrimination complaint log, format and maintenance should be addressed to Pir Ahmad at (202) 693-6560 or via e-mail at ahmad.pir@dol.gov.

Discrimination Complaint Log Fields			
Column	Column Name	Data Entry	
A	Date of Complaint	Date complaint was filed; format MM/DD/YY; Example - 06/02/04	
B	Name of Complainant	Complete name of individual filing complaint	
C	Address of Complainant	Complete address of complainant	
D	Status of Complainant	Employee	Current or former employee and/or applicant for employment of respondent
		Student	Current or former Job Corps Center student/enrollee.
		WIA Participant	Beneficiary of programs financially assisted by DOL under the Workforce Investment Act.
		Customer	A beneficiary of programs under the Wagner-Peyser Act and the Unemployment Insurance Program.
		Applicant	An individual who has applied for services/benefits in programs financially assisted by DOL under the Workforce Investment Act, the Wagner-Peyser Act and the Unemployment Insurance Program.
		Service Provider	Encompasses any “provider of aid, benefits, services, or training to” any WIA Title I – financially assisted program or activity.
		Non-Customer	Individual is not a customer, applicant, student, employee, WIA participant

			or service provider and is not a beneficiary of any of the services/programs administered or are financed in whole or part with WIA Title I funds, the Wagner-Peyser Act or the Unemployment Insurance Program.
E	DOL-funded Program	Enter the name of the DOL-funded program (i.e. Employment Services (ES); Unemployment Insurance Program(UI); WIA Title I (WIA); Job Corps Centers; Trade Adjustment Act(TAA)	
F	Date of Alleged Discriminatory Incident	Date of the incident, which led to the filing a complaint alleging discrimination; format MM/DD/YY; Example - 06/02/04.	
G	Grounds/(Bases) of Complaint	Enter grounds/(bases) of complaint; i.e. age, sex, color, religion, disability, citizenship, race, reprisal, national origin, WIA Title I participation and political affiliation. (see 29 CFR 37.5) Example – sex(F); color(White); national origin(Arab)	
H	Description/Issue of Complaint	Enter a brief description of the complaint issue; Example – denial of training; racial slurs; sexual harassment; denial of services; hostile work environment.	
I	Name of Respondent	Name of Complaint Respondent	
J	Is Respondent a recipient? Yes or No	Enter either “ Yes ” or “ No .” Based on the definition of a recipient provided in the comment section of the Discrimination Complaint Log.	
K	Disposition	Enter the outcome of the complaint; Example – Settled; Resolved; No Probable Cause; Withdrawn, etc.	
L	Date of Disposition	Enter date of disposition (specified in Column G (Disposition)); format MM/DD/YY; Example – 06/02/04.	
M	ADR “Yes” or “No”	Enter “ Yes ” if complaint was processed utilizing an ADR procedure; or “ No ” if not.	