U.S. Department Labor
Employment and Training Administration

OMB Approval No. 1205-0039
Expiration Date: Dec. 31, 2018

For ~~OSCC~~Official
Use Only

~~One Stop Career Center (OSCC)~~ Complaint/Apparent Violation Form[1] ~~Referral Record~~

[1] For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

Complaint No.	Date Received

Part I. Complainant's Information[2]		Respondent's Information[3]
1. Name of Complainant (Last, First, Middle Initial)		4. Name of Person, Company, or Agency the Complaint is Made Against
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer (if different from Part I #4 above) /One-Stop/~~OSCC~~ Office
b. Temporary Address (if Appropriate)		6. Address of Employer/One-Stop~~OSCC~~ Office
3a. Permanent Telephone ( ) -	b. Temporary Telephone ( ) -	7. Telephone Number of Employer/One-Stop~~OSCC~~ Office ( ) -

8. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)

Certification

I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of 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[4]	10. Date Signed / /	

[2] If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.

[3] For definition of "Respondent" see 20 CFR 651.

[4] No signature is required at Part 9 if this form is submitted as an Apparent Violation.

Part II. For OfficialOSCC Use Only

1. Migrant or Seasonal Farmworker? ☐ Yes ☐ No

1. Complaint or Apparent Violation? ☐

Complaint ☐ Apparent Violation ☐

3. 2. Type of Complaint or Apparent Violation ("X" Appropriate Box(es)):))

☐ Employment
☐ Job Service Related
☐ Job Order No. ___

4. Issue(s) involved in Complaint or Apparent Violation

3. If non-Job Service-related, does Complaint concern laws enforced by Wage and Hour Division (formerly called the Employment Standards Administration) U.S. D.O.L.

WHD or OSHA? Yes No

Kind of complaint ("X" Appropriate Box(es)):

4.)) ☐ Wage Related ☐

☐ Housing ☐

☐ Child Labor ☐

☐ Pesticides

5. H-2A2a/Criteria Employer ("X" Appropriate Box(es)):

☐ U.S./Domestic Worker

☐ H-2A2a Worker

☐ Wages

6. *For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the State Workforce Agency, or with the Directorate of Civil Rights (DCR), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

6a7a. Referrals To Other Agencies ("X" Appropriate Box(es))one)

☐ WHD. U.S. DOL. ☐ OSHA U.S. D.O.L.___

☐ EEOC ☐ Other _____

78. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)

____

____

b. Follow-Up ☐ ("X" one)

☐ Yes ☐ No ☐ Quarterly

c. Next Follow-up Date

___/___/___

8. Explanation of Complaint/Apparent Violation9. Comments (If additional space is needed, use separate sheet of paper) Provide OSCC Services? ☐ Yes ☐ No If "No", explain.

9. Actions Taken on Complaint/Apparent Violation (If additional space is needed for multiple actions taken, use a separate paper):

Action Taken By: ___________________________ On: _______________

(First and Last Name) (Date)

Action Taken:

10. Complaint /Apparent Violation ☐ ☐

12a. 10a. Name and Title of Person Receiving Complaint	12b. 11. Office Address (No., St., City, State, ZIP Code)	
12c. b. Phone No. (____) (_____) -	12d12a. Signature	12eb. Date ___/___/___

Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to

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obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.