

Complaint Form – Equal  
Employment Opportunity in  
Apprenticeship Programs

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



OMB No. 1205-ONEW  
Expiration Date: XX/XX/XXXX

**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. To the extent permitted by law, 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 sponsors and employers to take all necessary steps to assure that there is no retaliation against any person who files an employment discrimination complaint or alleges a violation of 29 CFR Part 30; opposes employment discrimination; provides information to, assists, or participates in any manner in employment discrimination proceedings; or otherwise takes action that he or she has a right to take under applicable laws and regulations. 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 300 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 USDOL.

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: \_\_\_\_\_

