## Complaint Form – Equal Employment Opportunity in Apprenticeship Programs

## **U.S. Department of Labor**

Employment and Training Administration Office of Apprenticeship



OMB No. 1205-0223 Expiration Date: 06/30/2024

**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 Sp	ponsor:			
Street Address:				
City:	State:		ZIP Code:	
Date of discrimination or fa	ailure to follow equa	l opportunity standards:		

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	Check mar	Check mark one, any, or all of the appropriate basis (bases) you believe was (were) at issue.						
	1. Race	. Race 2. Color 3. Religion 4. Sex (Including Pregnancy, Gender identity, and Sexual Orientation)						
	5. Nationa	l Origin	6. Age	7. Genetic Information	8. Disability			
	9. Sexual (	Orientation	10. Retaliation					
	HE COMPLA		1					
				s) or alleged failure to follow equal ved. (Additional pages may be add				
Się	gnature and	l Date of Comp	lainant <u>or the Com</u>	plainant's Authorized Representa	<u>ıtive</u> :			
			Date:					
De At	epartment o t'n: Appren	of Labor, Office	of Apprenticeship Complaints. You ma	nplaint to the State Registration o. 200 Constitution Ave., NW Was ay also scan the complaint form	hington, DC 20210			
Pro	ograms, is autho	orized under the Na	ntional Apprenticeship Ac	nplaint Form – Equal Employment Opportu ct, 29 U.S.C. 50, and its implementing regula catistical purposes and is maintained, pursu	tions at 29 CFR part 29, subpart			

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. While use of this form is optional, a fully completed ETA Form 9039 provides the information required by 29 CFR part 30 to request an investigation of your complaint. The regulations require that all Equal Employment Opportunity complaints under apprenticeship training programs be in writing. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0223).

U.S.C. 552a.). Data may be disclosed to a State Apprenticeship Agency to determine an assessment of skill needs and program

information, and in connection with federal litigation or when required by law.

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