OMB Approval No. 1205-0039 Expiration Date: April 30, 2015

One Stop Career Center (OSCC) Complaint/Referral Record For OSCC Use Only					
Complaint No.	Date Received				
Part I. Complainant's Information		Respondent's Information			
Name of Complainant (Last, First, Middle Initial)		Name of Person Complaint Made Against			
2a. Permanent Address (No., St., City, State, ZIP Code)		Name of Employer/OSCC Office			
b. Temporary Address (if Appropriate)		6. Address of Employer/OSCC Office			
3a. Permanent Telephone	b. Temporary Telephone	7. Telephone Number of Employer/OSCC Office			
8. Description of Complaint (If addition	al space is needed, use separate s	sheet(s) of paper and attach to this form)			
I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of					
Certification 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	10. Date Signed				

Part II. For OSCC Use Only			
Migrant or Seasonal Farmworker? Yes No	If non-Job Service-related, do enforced by Wage and Hour Division Employment Standards Administra	on (formerly called the	H-2a/Criteria Employer U.S./Domestic Worker
2. Type of Complaint ("X" Appropriate Box(es)) Job Service Related Job Order No Against Job Service Against Employer Alleged Violation of WIA Regulations Alleged Violation of Employment Law(s) Non-Job Service Related 6. *For DISCRIMINATION COMPLAINTS ONLY. Per Rights (DCR), U. S. Department of Labor, 200 Cor 7a. Referrals To Other Agencies ("X" one) WHD. U.S. DOL OSHA U.S Other	WHD or OSHA? Yes 4. Kind of complaint ("X" Appr Wage Related Child Labor Working Conditions Migrant and Seasona Agricultural Worker Protection Act (MSPA Other (Specify) Sons wishing to file complaints of discriminstitution Avenue, NW, Room N-4123, Wa D.O.L.	No opriate Box(es)) Housing Pesticides Health/Safety Disability Discrimination Discrimination*	H-2a Worker Wages Transportation Meals Housing Other Orkforce Agency, or with the Directorate of Civil
b. Follow-Up ("X" one)	c. Follow-up Date	()	
Complaint resolved?	ing Complaint	11 Office Address (N	Yes No If "No", explain. lo., St., City, State, ZIP Code)
10a. Name and Title of Person Received	ing Compiaint	11. Office Address (N	io., St., City, State, ZIP Code)
b. Phone No.		12a. Signature	b. 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 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.