DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS

EQUAL OPPORTUNITY COMPLAINT FORM

For Labor Office Use Only	
DCIF Received	**Jurisdiction**
By: _____	☐ Yes ☐ No
Date: _____	Case # _____

This form is to be used for complaints against the Missouri Department of Labor and Industrial Relations (DOLIR) or its employees in the provision of services to the public or for complaints by DOLIR employees concerning DOLIR administration, supervisors, or other employees.

This form is not to be used for filing complaints with the Missouri Commission on Human Rights (MCHR) under the Missouri Human Rights Act (MHRA). For information regarding MCHR and MHRA, visit labor.mo.gov/discrimination.

COMPLAINT INFORMATION *(Please print)*

First Name	Last Name	Social Security Number *(Voluntary)*

Address	Home Phone *(Include Area Code)*	Other Phone *(Include Area Code)*

City	State	Zip Code

Email Address

What is the most convenient time and place for us to contact you about this complaint? ☐ a.m. ☐ p.m.

To the best of your recollection on what date(s) did the discrimination take place?	Date of First Occurrence	Date of Most Recent Occurrence

Basis of Complaint: Which of the following best describes why you believe you were discriminated against. *(Check ALL that apply.)*

☐ Race ☐ Religion ☐ Reprisal/Retaliation ☐ Political
☐ Color ☐ Disability ☐ National Origin ☐ Citizenship
☐ Age: Date of Birth: _____ ☐ Other: _____
☐ Sex: ☐ Male ☐ Female _____

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case. *(Attach separate sheet if needed.)*

_____
_____
_____
_____
_____
_____

Do you think the discrimination against you involved: *(Check one)*

☐ Your previous employer?

OR

☐ A Labor Department employee providing/not providing you with services or benefits?

If so, which of the following are involved?

☐ Appeal – Tax
☐ Appeal – Tax Intercept
☐ Appeal – Lottery Intercept
☐ Benefit Payments
☐ Collecting Overpaid Benefits
☐ Collections
☐ Contributions Field Auditors
☐ Filing a New/Renewed/Weekly Claim
☐ Investigation/Adjudication of a Work Separation or Job Refusal
☐ Investigation/Adjudication on Able/Available/Schooling
☐ Other Investigations/Adjudication
☐ Overpaid Benefits
☐ Reporting Requirements
☐ Request for Confidential Information
☐ Request to Reconsider a Denial of Benefits
☐ Questions Regarding TAA/TRA
☐ Questions Regarding Self-employment/Employment
☐ Verification of Social Security Number
☐ Wage Adjustments in Base Period of Claims
☐ Waiver of Work Search Requirement if Recall Date
☐ Other: _____

What other information (if any) do you think is relevant to our investigation? *(Attach separate sheet, if needed.)*

If this complaint is resolved to your satisfaction, what remedies do you seek? *(Attach separate sheet, if needed.)*

Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint: *(Attach separate sheet, if needed.)*

Name	**Address**	**Phone No. *(Area Code)***

Do you have an attorney? ☐ Yes ☐ No

Attorney's Name	Attorney's Address	Attorney's Phone Number *(Area Code)*

Have you filed a case or complaint with any of the following?

For each item checked at the right, please provide the following information: *(Attach separate sheet if more than one is checked.)*

☐ U.S. Equal Employment Opportunity Commission
☐ Missouri Commission on Human Rights
☐ Civil Rights Division, U.S. Department of Justice
☐ Civil Rights Center, U.S. Department of Labor

Agency	Date Filed	Case or Docket Number

Location of Agency or Court	Date of Trial or Hearing

Name of Investigator	Status of Case

Comments

Have you been provided with a final decision at the Federal level regarding your complaint? ☐ Yes ☐ No

(Complaint NOT valid unless signed): Please Note: If you elect to file your complaint with the DOLIR, you must wait until the DOLIR issues a decision or until 90 days have passed, whichever is sooner, before filing with the U.S. Department of Labor, Civil Rights Center (CRC), 200 Constitution Avenue, NW, Room N-4123, Washington DC 20210. If the DOLIR has not provided you with the written decision within 90 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with the CRC within 30 days of the expiration of the 90-day period. If you are dissatisfied with the resolution of your complaint, you may file a complaint with the CRC. Such complaints must be filed within 30 days of the date you received notice of the resolution.

Signature	Date

Send completed form to:

Andrea Follett
Equal Opportunity Officer
Missouri Department of Labor & Industrial Relations
P.O. Box 59
Jefferson City, MO 65104
Phone: 573-751-1339
Fax: 573-751-4945
Email: EO@labor.mo.gov

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711