Reset Form

Ohio Department of Job and Family Services

DISCRIMINATION COMPLAINT

Bureau of Civil Rights
30 E. Broad Street, 30th Floor
Columbus, Ohio 43215-3414
(614) 644-2703 or Toll Free 1-866-227-6353 FAX 614-752-6381

Assistance with completion of this form shall be provided.

1. Name: *(Last)*	*(First)*	*(Middle Initial)*
Home Address *(Number and Street)*		2. Work Phone Number *(###) ### - ####*
(City)	*(Zip)*	3. Home Phone Number *(###) ### - ####*

4a. On what basis do you believe you have been discriminated against?

☐ Race ☐ Color ☐ Religion
☐ Sex ☐ Disability ☐ National Origin
☐ Age ☐ Political Belief (Food Stamps Only)

WIOA Program Only
☐ Political Affiliation or Belief
☐ Citizenship/ Participant Status

4b. Program/Services Area
☐ Adoption/Foster Care/Child Welfare
☐ Unemployment ☐ WIOA
☐ Child Support ☐ Health Services
☐ TANF ☐ Food Stamps
☐ Other _____

5. Race of the Complainant
☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander
☐ Asian ☐ White/Caucasian
☐ Black/African American ☐ Other _____

6. Complainant's Ethnicity
☐ Hispanic/Latino
☐ Not Hispanic/Latino

7. Sex of the Complainant
☐ Male
☐ Female

8. Name the agency you believe has discriminated against you:		*(County)*	
9. Location: *(Number and Street)*	*(City)*	*(State)*	*(Zip)*

10. Name(s) and title(s) of who you believe discriminated against you:

11. Date of alleged discrimination	12. Working/training site where you were located: *(if applicable)*

13. Please explain why you believe the treatment or incident you experienced was because of your race, color, religion, national origin, age, sex, disability, political affiliation or belief, and/or for WIOA Participants: citizenship/participant status. (Please attach additional sheet(s) of paper, if necessary to fully state your complaint.)

14. Date complaint written	15. Complainant's signature

FOR OFFICE USE ONLY

Complaint No.	BCR staff assigned *(initials)*	Date charge received
County Agency *(specify CSEA, PCSA, CDJFS, ODJFS, etc.)*	Program (*OWA, WIOA, TANF, Food Stamps)*	