**Discrimination Complaint Procedures**

**Appendix C**

**No jurisdiction template**

**(all grounds except untimeliness)**

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| **NOTICE OF FINAL ACTION**  [date]  [name and address of Complainant]  Dear Mr./Ms. \_\_\_\_\_\_\_\_:  This acknowledges receipt of your complaint of discrimination dated (insert date of receipt of complaint). You allege that, on (insert date of alleged incident), you were discriminated against by (identify Respondent(s)/Recipient(s)) on the basis of (insert protected class).  I have authority to investigate and determine complaints of discrimination arising under the following statutes and their implementing regulations: (1) Title VI of the Civil Rights Act of 1964, as amended; (2) Section 504 of the Rehabilitation Act of 1973, as amended; (3) Section 188 of the Workforce Innovation and Opportunity Act of 2014 (WIOA); (4) Title II of the Americans with Disabilities Act and the Americans With Disabilities Amendments Act; (5) Title IX of the Education Amendments of 1972, as amended; and (6) the Age Discrimination Act of 1975.  As a whole, these statutes bar discrimination on the “basis” of race, color, national origin, religion, age, sex, disability, citizenship, political affiliation or belief, and/or status as a WIOA participant in programs funded, in part or in whole, by the U.S. Department of Labor.  In order for me to have authority to investigate your complaint, the complaint must comply with the following basic federal requirements: (1) the complaint must be in writing; (2) it must be signed by you, the Complainant (CP), or your authorized representative; (3) the complaint must identify a Respondent who is a “recipient” under the applicable laws; (4) the complaint must contain sufficient contact information for you (such as your address); (5) the complaint must state a “basis” covered by one of the foregoing statutes; (6) the complaint must set forth an “issue,” or adverse action; (7) the “issue” or adverse action must have occurred within 180 days of the filing of this complaint; and (8) the complaint must have “apparent merit”—said differently, does the complaint allege discrimination on a covered “basis” resulting in an adverse action taken by Respondent?  Upon review of your complaint, it is determined that I lack jurisdiction to investigate and decide this matter because:  \_\_\_\_\_ The complaint is not in writing.  \_\_\_\_\_ The complaint is not signed.  \_\_\_\_\_ The complaint did not identify a Respondent.  \_\_\_\_\_ The identified Respondent is not a “recipient” under the applicable laws.  \_\_\_\_\_ The complaint does not state a covered “basis.”  \_\_\_\_\_ The complaint lacks “apparent merit” as defined above.  You were contacted by [telephone/letter] on (insert date of contact) and advised that your complaint would be denied based on the foregoing deficiency if you did not submit a supplemental complaint addressing the deficiency within ten (10) calendar days. To date, no supplemental response has been received. As a result, I conclude that I lack jurisdiction to investigate and decide your complaint. This constitutes the final determination of our agency.  Respectfully,  /s/  [name and title of investigator]  **NOTICE OF RIGHT TO FILE COMPLAINT:** If you are dissatisfied with this Notice of Final Action, you may file a complaint with the Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. The complaint must be filed within 30 days of the date on which you received this Notice of Final Action.  **BABEL NOTICE (29 C.F.R. § 38.9(g)(3)):**  This document contains vital information. If English is not your preferred language, contact [insert EO Officer’s name and contact information] to obtain translation and/or interpretation services for the content of this document.  **NOTICE OF RIGHT TO AUXILIARY AIDS AND SERVICES:** Auxiliary aids and services shall be provided on request by individuals with disabilities. To request auxiliary aids or services, contact [insert EO Officer’s name and contact information]. |