**Discrimination Complaint Procedures**

**Appendix J**

**Notice of final action template (disparate treatment)**

**NOTICE OF FINAL ACTION**

[name and address of Complainant]

 Complainant

[name and address of Complainant’s representative,

if appropriate]

**v.** Complaint No. \_\_\_\_\_\_\_\_\_\_

[name and address of Respondent]

 Respondent

[name and address of Respondent’s representative,

if appropriate]

**and**

[name and address of sub-recipient, if appropriate]

 Respondent.

**I**

**Jurisdiction**

 I accepted, and have investigated, a complaint of discrimination filed by (insert name of Complainant), the Complainant, against (insert name of Respondent/Recipient), the Respondent, under Section 188 of the Workforce Innovation and Opportunity Act (WIOA) and other applicable federal civil rights laws. The Complainant alleges that the Respondent discriminated against the Complainant on the basis of (insert the protected class) in violation of WIOA Section 188.

 The complaint is timely filed and all other jurisdictional requirements are met. I have jurisdiction to decide this matter.

**II**

**Issues accepted**

 The following issue was accepted for investigation by “Notice of Acceptance” dated (insert date of issuance of Notice of Acceptance) and is the subject of this “Notice of Final Action”:

[State the issue exactly as it is stated in the “Notice of Acceptance.” Do not modify or change the issue.]

**III**

**Facts not in dispute**

 The parties agree to the following facts pertinent to this complaint investigation:

1.

2.

3.

**IV**

**Findings of fact**

 Based on documentation and statements submitted by the Complainant and the Respondent, I make the following findings of fact:

[Number each relevant finding of fact separately. It may be best to organize the facts by date-chronology.]

1.

2.

3.

**V**

**Analysis**

[For each issue listed in Part II of this determination, list each element of proof separately and make a finding whether the Complainant has/has not established that element. Below are generic elements of proof for a disparate treatment complaint that would be tailored for specific complaint involving disparate treatment before you. If you have a complaint involving reasonable accommodation or reasonable modification, you will list each element of proof separately; the elements of proof are listed on your complaint investigation plans.]

1. Is the Complainant a member of a protected class?

2. Does the Complainant meet the *bona fide* occupational requirements for the job, or the essential eligibility requirements for the service, benefit, aid, or training at issue?

3. Was the Complainant’s access to apply, or was the Complainant’s application, for the service, benefit, aid, training or job denied?

4. Was the denial of access to apply, or denial of the application, because of the Complainant’s protected class characteristics?

**VI**

**Conclusion**

With regard to the issue accepted for this complaint investigation, and based on the foregoing findings of fact, it is concluded that:

[Render a separate conclusion for each issue accepted for investigation.]

 This determination is the final decision of the (name of investigating entity), and concludes our processing of this matter.

**VII**

**Remedies and corrective actions**

[If you find that discrimination has occurred, then set forth the remedies, sanctions, and/or corrective actions here.]

Because I find discrimination occurred, Respondent is directed to take the following corrective actions:

1.

2.

3.

Respondent’s failure to achieve compliance with this Notice of Final Action on or before (insert date for compliance) shall constitute a finding that voluntary compliance cannot be achieved, and may result in sanctions applied against the Respondent.

**VIII**

**Notice of right to file with Civil Rights Center**

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.

/s/

[name and title of investigator and date]

**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.