

Department of Commerce and Economic Opportunity

NOTICE REGARDING INVESTIGATORY USES OF PERSONAL INFORMATION  
FOR CONSENT AGREEMENT

Several provisions of this State's laws and regulations govern personal information submitted to the Department of Commerce and Economic Opportunity in support of WIA Complaints:

The Freedom of Information Act, 5 ILCS 140/1 et seq. and the Illinois Administrative Code, Title 56: Labor and Employment, Part 2610, Training Services For The Disadvantaged, 2610.110, Complaint Procedures.

Please read how these provisions apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement supplied with this notice, along with your complaint form.

The Civil Administrative Code of Illinois and the Illinois Administrative Code protect individuals from misuse of personal information held by State Government. The laws, and regulations, apply to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to DCEO in connection with a WIA Discrimination Complaint should know the following:

- DCEO has been authorized to investigate Complaints of discrimination, on the basis of race, color, national origin, age, disability, sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through DCEO. DCEO is also authorized to conduct reviews of any such programs to assess their compliance with civil rights laws and other laws.
- Information that DCEO collects is analyzed by authorized personnel within DCEO. This information may include personal or program participant records, and other personal information. DCEO staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the Complaint, or to discover new facts which will help DCEO to determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. DCEO may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to DCEO may also be revealed to persons outside of DCEO because it is necessary in order to complete enforcement proceedings against a program that DCEO finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. DCEO requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. DCEO will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless the Freedom of Information Act requires release.
- No law requires that a complainant reveal personal information to DCEO, and no action will be taken against a person who denies DCEO's request for personal information. However, if DCEO cannot obtain the information needed to fully investigate the allegations in the complaint, DCEO

may close the case.

- Any person may ask for, and receive, copies of all personal materials DCEO keeps in his or her file for investigatory use.

AS A POLICY, DCEO DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS, UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. DCEO never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave DCEO written permission to do so.

THE FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to State Government files and records. Persons may request, and receive, information from many types of records kept by the Government-not just materials that apply to them personally. DCEO must honor most requests for information submitted under FOIA, but there are exceptions:

- DCEO is usually not required to release information during an investigation or an enforcement proceeding if that release would limit DCEO's ability to do its job effectively; and
- DCEO may refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM, PRINTED ON THE NEXT PAGE, AND RETURN IT TO DCEO WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.

## CONSENT AGREEMENT

I have read the Notice about Investigatory Uses of Personal Information, printed on the previous pages. I understand:

- a) In the course of investigating my complaint, DCEO may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;
- b) I do not have to reveal any personal information to DCEO, but DCEO may close my complaint if I refuse to reveal information needed to fully investigate my complaint;
- c) I may request and receive a copy of any personal information DCEO keeps in my complaint file for investigatory uses; and
- d) Under certain circumstances, DCEO may be required by law to report certain activities to law enforcement officials. In such cases, DCEO cannot guarantee any level of confidentiality regarding a complainant's identity.
- e) Under certain conditions, DCEO may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

### SECTION A

**YES, DCEO MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT.** I have read and understand the notice, and I consent for DCEO to process my complaint.

(Name-Signature)\_\_\_\_\_

(Date)\_\_\_\_\_

### SECTION B

**NO, DCEO MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT.** I have read and understand the notice, and I do not consent for DCEO to disclose my identity during investigation of my complaint. I request that DCEO process my complaint, however, I understand that DCEO may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that DCEO may close my complaint if it cannot begin an investigation because I have not consented for DCEO to reveal my identity. I further understand that if DCEO is required to report activity that is potentially illegal, my identity may be revealed to law enforcement personnel.

(Name-Signature)\_\_\_\_\_

(Date)\_\_\_\_\_



# Illinois Department of Commerce and Economic Opportunity

## State of Illinois Workforce Investment Act Complaint Form

Complainant's Name: \_\_\_\_\_ Status of Complainant:(check one)  
Address: \_\_\_\_\_ ☐ Employee:  
Phone: \_\_\_\_\_ ☐ Applicant:  
Email: \_\_\_\_\_ ☐ Participant:  
\_\_\_\_\_ ☐ Other:

Respondent's Name: \_\_\_\_\_ Status of Respondent (s):  
Position: \_\_\_\_\_ ☐ Service Provider:  
Address: \_\_\_\_\_ ☐ LWIA Adm. Entity:  
\_\_\_\_\_ ☐ LWIA Grant Recipient:  
Phone Number: \_\_\_\_\_ ☐ Private Employer:

Respondent's Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Basis of Complaint Alleged

- ☐ Race: Specify \_\_\_\_\_  
☐ Color: Specify \_\_\_\_\_  
☐ Religion: Specify \_\_\_\_\_  
☐ National Origin: Specify \_\_\_\_\_  
☐ Sex: Circle Male/Female  
☐ Age: Specify Date of Birth \_\_\_\_\_  
☐ Disability: Specify \_\_\_\_\_  
☐ Political Affiliation or Belief: Specify \_\_\_\_\_  
☐ Citizenship: Specify \_\_\_\_\_  
☐ Sexual Harassment: Specify \_\_\_\_\_  
☐ Non WIA Related: Specify \_\_\_\_\_  
☐ WIA Related: Specify \_\_\_\_\_

### Has a charge been filed with: (Please circle)

Yes No IL Dept. Of Rehab Services  
Yes No IL Dept. Of Human Rights  
Yes No US Department of Labor  
Yes No US Equal Employment  
Opportunity Commission

To the best of your knowledge, what date(s), times(s) and place(s) did the alleged complaint(s) occur? (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date complaint was presented to immediate supervisor? (if applicable) \_\_\_\_\_  
Was it Oral or Written? \_\_\_\_\_

Signature/date of immediate supervisor acknowledging discussion of complaint: (if applicable)

\_\_\_\_\_

Date:\_\_\_\_\_

Have you attempted to resolve this complaint? (please circle)    Yes    No

Explain briefly and clearly what happened and how you were discriminated against. State the facts as alleged, including pertinent dates, constituting the alleged violation. Indicate who (names and titles) was involved and be sure to include how other person(s), if known, were treated differently from you. Attach any written documentation/material pertaining to the case. Please state the provisions of the Workforce Investment Act, regulations, grant, contract, or other agreements under the Workforce Investment Act believe to have been violated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets, if necessary. Each sheet/attachment should identify complainant by name, be signed by complainant and dated.

Remedy sought by complainant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an attorney?

(please circle)

Yes    No

Attorney's Name and Address:

\_\_\_\_\_

Signature of Complainant/Authorized Representative

Date:\_\_\_\_\_

\_\_\_\_\_

Signature of WIA EO Officer

Date:\_\_\_\_\_

