

TRAINING AND EMPLOYMENT NOTICE	NO. 20-19
	DATE March 26, 2020

TO: STATE WORKFORCE AGENCIES
STATE MONITOR ADVOCATES

FROM: JOHN PALLASCH
Assistant Secretary

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SUBJECT: Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148, and Complaint/Apparent Violation Form, ETA Form 8429 (Office of Management and Budget (OMB) Control No. 1205-0039)

1. **Purpose.** This Training and Employment Notice (TEN) transmits the updated Services to Migrant and Seasonal Farmworkers (MSFW) Report, Employment and Training Administration (ETA) Form 5148 (Form 5148), and Complaint/Apparent Violation Form, ETA Form 8429 (Form 8429).
2. **Action Requested.** This notice is for informational purposes.
3. **Summary and Background.**

a. Summary

In accordance with the Paperwork Reduction Act, OMB approved the use of Form 5148 and Form 8429 for a period of three years. The new expiration date for these forms is Dec. 31, 2022.

Form 5148

Pursuant to 20 CFR (Code of Federal Regulations) 653.109, State Workforce Agencies (SWA) use Form 5148 to submit quarterly data to ETA on the services they provide to MSFWs.

Form 8429

Pursuant to 20 CFR 658.400, SWAs use Form 8429 to accept complaints or apparent violations involving the failure to comply with the ES regulations under 20 CFR parts 651, 652, 653, 654, and 658 and/or employment-related laws.

b. Background

Form 5148

Part 1 of the Form 5148 includes information reported by the SWAs on services provided to MSFWs. Part 2 includes a narrative section to describe any issues, accomplishments, or anecdotes. Part 3 includes the Minimum Service Level Indicators. In Part 4, the SWAs will provide the Annual Summary of Services to MSFWs pursuant to 20 CFR 653.108(s) at the end of the program year.

Attachment I is a copy of Form 5148.

Form 8429

Part I of Form 8429 includes the complainant's and respondent's contact information, and a section on the description of the complaint or apparent violation. Part II is for the SWAs to report whether the complainant is an MSFW, the action taken and the outcome of the complaint or apparent violation.

Attachment III is a copy of Form 8429.

For information on the changes made to these forms, Attachment II describes the changes made to Form 5148 and Attachment IV describes the changes made to Form 8429.

4. Technical Assistance and Additional Training.

ETA will provide information on any additional technical assistance and training as soon as it is scheduled.

5. Inquiries. Please direct any questions to the appropriate Regional Monitor Advocate (RMA). The RMA list is located at: <https://doleta.gov/mas/contact/>.

6. References.

- 20 CFR 653.109 Data Collection and Performance Accountability Measures
- 20 CFR 658 Subpart E - Employment Service and Employment-Related Law Complaint System (Complaint System)
- TEGL 14-18 *Aligning Performance Accountability Reporting, Definitions, and Policies Across Workforce Employment and Training Programs Administered by the U.S. Department of Labor (DOL)*

7. Attachments.

- Attachment I-ETA Form 5148
- Attachment II-Changes to Form 5148
- Attachment III-ETA Form 8429
- Attachment IV-Changes to Form 8429

U.S. Department of Labor
Employment and Training Administration

Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148

Labor Exchange Agricultural Reporting System

State:	Region:	Quarter Ending:	PY:	Report Run Date:	OMB Approval No. 1205 - 0039 Expiration Date: Dec, 31, 2022
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**Services To Migrant and Seasonal Farmworkers Reports
(Part 1)**

	Previous Cumulative Reported	Report Period	Cumulative
A. Outreach Services			
1. Best estimate of MSFWs in the State			
2. Number of MSFWs in the State contacted by ES staff			
B. Monitoring System (Federal and State monitoring reviews)			
1. Total number of significant local offices			
a. Number of significant local offices reviewed			
2. Number of non-significant local offices reviewed			
C. Agricultural Recruitment System for U.S. Workers (ARS)			
Total number of agricultural job orders placed at the local level (sum of 1 and 2).			
1. Total number of agricultural job orders placed at the local level, not attached to an H-2A application.			
a. Intrastate (number of local agricultural job orders placed into intrastate clearance).			
b. Interstate (number of intrastate clearance orders placed into interstate clearance process).			
2. Total number of agricultural job orders placed at the local level, attached to an H-2 application.			
a. Total number of clearance orders attached to an H-2A application placed into the clearance system (both intrastate and interstate)			
3. Total Number of U.S. workers referred to all local agricultural job orders and clearance orders.			

4.	Total number of U.S. workers placed on all local agricultural job orders and clearance orders.			
5	Total number of clearance orders with U.S. workers placed.			
6	Number of clearance orders on which field checks were conducted.			
7	Number of field checks on which violations were resolved locally (without referral to an enforcement agency).			
8	Number of field checks on which violations were referred to an enforcement agency.			
9	Number of employers for whom discontinuation of service proceedings were initiated.			
D. Complaint System				
1.	Total complaints received			
a.	MSFW, ES-related against the employer			
b.	MSFW, ES-related against the local employment service office			
c.	MSFW, employment-related law			
d.	non-MSFW, ES-related against the employer			
e.	non-MSFW, ES-related against the local employment service office			
f.	non-MSFW, employment-related law			
2.	Types of complaints			
a.	Wage related			
b.	Housing			
c.	Child labor			
d.	Pesticides			
e.	Health/safety			
f.	Discrimination			
g.	Transportation			
h.	Trafficking			
i.	Sexual harassment/coercion/assault			
j.	Other (specify)			
3.	Total number of MSFW complaints resolved at the local level			
4.	Total number of MSFW ES-related complaints unresolved after 45 days			
E. Apparent Violations				
1.	Total number of apparent violations			
a.	Employment Service related against the employer			
b.	Employment Service related against the local employment service office			
c.	Employment-Related law			

2. Total apparent violations resolved at the local level			
3. Type of apparent violations			
a. Wage related			
b. Housing			
c. Child labor			
d. Pesticides			
f. Health/safety			
g. Discrimination			
h. Trafficking			
i. Sexual harassment/coercion/assault			
j. Other (specify)			

**Narrative Responses
(Part 2)**

A - Issues, Accomplishments, and Anecdotes

Activity	Comments
1. Outreach	
2. Monitoring (such as common issues, findings, observations, or best practices).	
3. MSFW Apparent Violations	
4. MSFW Complaints	

5.Field Checks on Clearance Orders	
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B - Training and Technical Assistance

Local Office Visits, Conferences, workshops, training opportunities

C - Other

Other

**Services Provided to Migrant and Seasonal Farmworkers
Minimum Service Level Indicators
(Part 3)**

DATA ITEMS	Compliance Level	Actual Level (%)	Actual Denominator	Actual Numerator	Compliant?	
					Yes	No
1. Reviews of significant offices	100%					
2. Field checks conducted when more than 10 job orders have been placed through the Agricultural Recruitment System	25%					
3. Field checks conducted when 10 or fewer job orders (but at least one) have been placed through the Agricultural Recruitment System	100%					
4. Outreach contacts per week	40					
5. Timely processing of complaints	100%					

For the above data items 1 through 5, the system will auto-populate the category indicating whether the state is compliant.

Total number of minimum service level indicators in compliance¹: _____

Comments:

¹ This will be auto-populated.

**Services Provided to Migrant and Seasonal
Annual Summary
(Part 4)
(Only to be completed by SWA after Fourth Quarter ends.)**

**State Annual Summary of Services to MSFWs
20 CFR 653.108(s)**

This section is completed only after the fourth quarter ends. This Annual Summary describes how the State provided employment and training services to MSFWs within the State based on statistical data, reviews, and other activities as required at 20 CFR 653, and 658.

The summary must include:

(1) A description of the activities undertaken during the program year by the SMA pertaining to his/her responsibilities set forth in this section and other applicable regulations in this chapter.

(2) An assurance that the SMA has direct, personal access, whenever he/she finds it necessary, to the State Administrator.

(3) An assurance the SMA devotes all of his/her time to Monitor Advocate functions. Or, if the SWA proposed the SMA conducts his/her functions on a part-time basis, an explanation of how the SMA functions are effectively performed with part-time staffing.

(4) A summary of the monitoring reviews conducted by the SMA, including:

(i) A description of any problems, deficiencies, or improper practices the SMA identified in the delivery of services;

<p>(ii) A summary of the actions taken by the SWA to resolve the problems, deficiencies, or improper practices described in its service delivery; and</p>	
<p>(iii) A summary of any technical assistance the SMA provided for the SWA and the ES offices.</p>	
<p>(5) A summary of the outreach efforts undertaken by all significant and non-significant MSFW ES offices.</p>	
<p>(6) A summary of the State's actions taken under the Complaint System described in part 658, Subpart E of this chapter, identifying any challenges, complaint trends, tracking resolution of complaints, findings from reviews of the Complaint System, trainings offered throughout the year, and steps taken to inform and educate MSFWs, employers, and farmworker advocacy groups about the Complaint System.</p>	
<p>(7) A summary of how the SMA is working with WIOA sec. 167 NFJP grantees and other organizations serving farmworkers, employers and employer organizations, in the State, and an assurance that the SMA is meeting at least quarterly with representatives of these organizations. The summary should include whether the SMA has established an MOU with the</p>	

<p>NFJP grantee or other farmworker organizations in accordance with 20 CFR 653.108 (1).</p>	
<p>(8) A summary of the statistical and other MSFW-related data and reports gathered by SWAs and ES offices for the year, including an overview of the SMA's involvement in the SWA's reporting systems.</p>	
<p>(9) A summary of the training conducted for SWA personnel, including ES office personnel, on techniques for accurately reporting data.</p>	
<p>(10) A summary of activities related to the AOP and an explanation of how those activities helped the State reach the goals and objectives described in the AOP. At the end of the 4-year AOP cycle, the summary must include a synopsis of the SWA's achievements over the previous 4 years to accomplish the goals set forth in the AOP, and a description of the goals which were not achieved and the steps the SWA will take to address those deficiencies.</p>	
<p>(11) For significant MSFW ES offices, a summary of the functioning of the State's staffing program under 20 CFR 653.111.</p>	

Submitted by: _____

Submission Date: _____

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these requirements is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection of information is estimated to average 5 hours 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0039).

Changes to Migrant and Seasonal Farmworkers Report, ETA Form 5148

<i>Original Line</i>	<i>Change</i>
Services to Migrant and Seasonal Farmworkers Reports (Part 1)	
A. Outreach Services	<i>No change</i>
3. Number of (outreach) Staff Days by ES Staff	<i>Deleted</i>
4. Number of MSFW Contacts made by Cooperating Agency Staff	<i>Deleted</i>
B. Monitoring System (Reviews by State / Federal Staff)	<i>Revised:</i> Monitoring System (Federal and State monitoring reviews)
C. Apparent Violations	<i>Part C deleted in its entirety</i>
D. Agricultural Clearance Orders	<i>Revised:</i> C. Agricultural Recruitment System for U.S. Workers (ARS)
	<i>Added before line 1:</i> Total number of agricultural job orders placed at the local level (sum of 1 and 2)
1. Total number of local agricultural orders placed	1. Total number of Agricultural job orders placed at the local level, not attached to an H-2A application.
	<i>Added below line 1:</i> a. Interstate (number of local agricultural job orders placed into intrastate clearance)
	<i>Added below line a:</i> b. Interstate (number of intrastate clearance orders placed into interstate clearance process)
2. A. Intrastate Total number of clearance orders not attached to H-2A applications –	<i>Renamed:</i> 2. Total number of agricultural job orders placed at the local level, attached to an H-2 application
	<i>Added below line 2:</i> a. Total number of clearance orders attached to an H-2A application placed into the clearance system (both intrastate and interstate)
3. Total Number of Workers Referred	<i>Renamed:</i> 3. Total Number of U.S. workers referred to all local agricultural job orders and clearance orders.
4. A. Total number of workers placed	<i>Renamed:</i> 4. Total number of U.S. workers placed on all local agricultural job orders and clearance orders.
5. Total number of job orders with U.S. workers placed	<i>Renamed:</i> 5. Total number of clearance orders with U.S. workers placed
8. Number of Violations referred to Enforcement Agency	<i>Renamed:</i>

	8. Number of field checks on which violations were referred to an enforcement agency.
E. Complaint System	<i>Renamed:</i> D. Complaint System
1. Total complaints received	<i>No major change</i>
a. MSFW, ES-related	<i>Renamed:</i> a. MSFW, ES-related against the employer
	<i>Added below line a:</i> b. MSFW, ES-related against the local employment service office
b. MSFW, Employment-Related Law	<i>Renamed:</i> c. MSFW, employment-related law
c. Non-MSFW, ES-related	<i>Renamed:</i> d. non-MSFW, ES-related against the employer
	<i>Added below line d:</i> e. non-MSFW, ES-related against the local employment service office
d. Non-MSFW, Employment-Related Law	<i>Renamed:</i> f. non-MSFW, employment-related law
2. Type of complaints	<i>Renamed:</i> 2. Types of complaints
a. Employment Service Related	<i>Deleted</i>
b. Against Local Employment Service Office	<i>Deleted</i>
c. Against Employer	<i>Deleted</i>
d. Alleged Violations of Employment Service Regulations	<i>Deleted</i>
e. Wage Related	<i>Renamed:</i> a. Wage related
f. Housing	<i>Renamed:</i> b. Housing
g. Child Labor	<i>Revised:</i> c. Child labor
h. Pesticides	<i>Revised:</i> d. Pesticides
i. Working Conditions	<i>Deleted</i>
j. Health / Safety	<i>Revised:</i> e. Health / safety
k. Migrant and Seasonal Agricultural Worker Protection Act (MSPA)	<i>Deleted</i>
l. Discrimination Other	<i>Renamed:</i> f. Discrimination
	<i>Added below line f:</i> g. Transportation
m. Disability / Discrimination	<i>Deleted</i>
	<i>Added below line g:</i> h. Trafficking
	<i>Added below line h:</i> i. Sexual harassment / coercion / assault

	<i>Added below line i:</i> j. Other (specify)
2. Total number of MSFW complaints resolved	<i>Renamed:</i> 3. Total number of MSFW complaints resolved at the local level
4. Total Number of MSFW ES-related Complaints Referred	<i>Deleted</i>
5. Total Number of MSFW Employment-Related Law Complaints Referred	<i>Deleted</i>
5. Total number of MSFW ES-related complaints unresolved after 45 days	<i>Revised:</i> 4. Total number of MSFW ES-related complaints unresolved after 45 days
	<i>Added below section D:</i> E. Apparent Violations
	<i>Added below section D heading:</i> 1. Total number of apparent violations
	<i>Added below line 1:</i> a. Wage related
	<i>Added below line a:</i> b. Housing
	<i>Added below line b:</i> c. Child Labor
	<i>Added below line c:</i> d. Pesticides
	<i>Added below line d:</i> f. Pesticides
	<i>Added below line f:</i> g. Discrimination
	<i>Added below line g:</i> h. Trafficking
	<i>Added below line h:</i> i. Sexual harassment / coercion / assault
	<i>Added below line i:</i> j. Other (specify)
Services Provided to Migrant and Seasonal Farmworkers Minimum Service Level Indicators (Part 3)	
<i>Column 1, Row 1:</i> Reviews of significant offices	<i>Revised:</i> <i>Data Items</i>
<i>Row 1, Column 2</i>	<i>Added:</i> Compliance Level
<i>Row 1, Column 3</i>	<i>Added:</i> Actual Level (%)
<i>Row 1, Column 4</i>	<i>Added:</i> Actual Denominator
<i>Row 1, Column 5</i>	<i>Added:</i> Actual Numerator
<i>Row 1, Columns 6-7:</i>	<i>Added:</i>

	Compliant?
<i>Row 2, Column 6</i>	<i>Added:</i> Yes
<i>Row 2, Column 7</i>	<i>Added:</i> No
<i>Row 3, Column 1</i>	<i>Added:</i> 1. Reviews of significant offices
<i>Row 3, Column 2</i>	<i>Added:</i> 100%
<i>Row 4, Column 1</i> 1. Field checks conducted when more than 10 job orders have been placed through the Agricultural Recruitment System	<i>Revised:</i> 2. Field checks conducted when more than 10 job orders have been placed through the Agricultural Recruitment System
<i>Row 5, Column 1</i> 2. Field checks conducted when 10 or fewer job orders have been placed through the Agricultural Recruitment System	<i>Revised:</i> 3. Field checks conducted when 10 or fewer job order (but at least one) have been placed through the Agricultural Recruitment System
<i>Row 6, Column 1</i> 3. Outreach contacts per week	<i>Revised:</i> 4. Outreach contacts per week
<i>Row 7, Column 1</i> 4. Timely process of ES complaints	<i>Revised:</i> 5. Timely processing of complaints
<i>Notes</i> Total number of minimum service level indicators	<i>Revised:</i> For the above data items 1 through 5, the system will auto-populate the category indicating whether the state is compliant. Total number of minimum service level indicators in compliance?
<i>The following section is all new additions to the form</i>	
Services Provided to Migrant and Seasonal Annual Summary (Part 4) (Only to be completed by SWA after Fourth Quarter ends)	
State Annual Summary of Services to MSFWs 20 CFR 653.108(s)	
This section is completed only after the fourth quarter ends. This Annual Summary describes how the State provided employment and training services to MSFWs within the State based on statistical data, reviews, and other activities as required at 20 CFR 653, and 658.	
The summary must include:	
(1) A description of the activities undertaken during the program year by the SMA pertaining to his/her responsibilities set forth in this section and other applicable regulations in this chapter.	
(2) An assurance that the SMA has direct, personal access, whenever he/she finds it necessary, to the State Administrator.	
(3) An assurance the SMA devotes all of his/her time to Monitor Advocate functions. Or, if the SWA proposed the SMA conducts his/her functions on a part-time basis, an explanation of how the SMA functions are effectively performed with part-time staffing.	
(4) A summary of the monitoring reviews conducted by the SMA, including:	

(i) A description of any problems, deficiencies, or improper practices the SMA identified in the delivery of services;
(ii) A summary of the actions taken by the SWA to resolve the problems, deficiencies, or improper practices described in its service delivery; and
(iii) A summary of any technical assistance the SMA provided for the SWA and the ES offices.
(5) A summary of the outreach efforts undertaken by all significant and non-significant MSFW ES offices.
(6) A summary of the State's actions taken under the Complaint System described in part 658, Subpart E of this chapter, identifying any challenges, complaint trends, tracking resolution of complaints, findings from reviews of the Complaint System, trainings offered throughout the year, and steps taken to inform and educate MSFWs, employers, and farmworker advocacy groups about the Complaint System.
(7) A summary of how the SMA is working with WIOA sec. 167 NFJP grantees and other organizations serving farmworkers, employers and employer organizations, in the State, and an assurance that the SMA is meeting at least quarterly with representatives of these organizations. The summary should include whether the SMA has established an MOU with the NFJP grantee or other farmworker organizations in accordance with 20 CFR 653.108 (l).
(8) A summary of the statistical and other MSFW-related data and reports gathered by SWAs and ES offices for the year, including an overview of the SMA's involvement in the SWA's reporting systems.
(9) A summary of the training conducted for SWA personnel, including ES office personnel, on techniques for accurately reporting data.
(10) A summary of activities related to the AOP and an explanation of how those activities helped the State reach the goals and objectives described in the AOP. At the end of the 4-year AOP cycle, the summary must include a synopsis of the SWA's achievements over the previous 4 years to accomplish the goals set forth in the AOP, and a description of the goals which were not achieved and the steps the SWA will take to address those deficiencies.
(11) For significant MSFW ES offices, a summary of the functioning of the State's staffing program under 20 CFR 653.111.



For Official Use Only **Complaint/Apparent Violation Form¹**

Complaint/Apparent Violation No.		Date Received	
Part I. Contact Information²		Respondent's Information³	
1. Name of Complainant/(Last, First, Middle Initial) ⁴		4. Name of Person, Company, or Agency the Complaint is Made Against	
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer (if different from Part I #4 above) /One-Stop Office	
b. Temporary Address (if Appropriate)		6. Address of Employer/One-Stop Office	
3a. Permanent Telephone () -	b. Temporary Telephone () -	7. Telephone Number of Employer/One-Stop Office () -	
8a. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)			

8b. I hereby give authorization to: _____ to act on my behalf regarding this complaint.
Phone #: _____ Address: _____

Certification I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant ⁵	10. Date Signed / /
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¹ For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.
² If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.
³ For definition of "Respondent" see 20 CFR 651.10.
⁴ Pursuant to 658.400(d), "A complainant may designate an individual to act as his/her representative." If the complainant has a designated representative, the name and contact information of the designated representative must be provided in 8b.
⁵ No signature is required at Part 9 if this form is submitted as an Apparent Violation. If the form is submitted as a complaint and a designated representative is acting on behalf of the complainant, the designated representative must sign here.

Part II. For Official Use Only

<p>1. Migrant or Seasonal Farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>2. Complaint or Apparent Violation Employment Service Related ("X" Appropriate Box(es)) <input type="checkbox"/> Complaint against the Employer <input type="checkbox"/> Apparent violation involving the Employer <input type="checkbox"/> Complaint against the Local Employment Service Office <input type="checkbox"/> Apparent violation involving the Employment Service Office</p> <p>2a. Job Order No, if available: _____</p> <p>3. Complaint or Apparent Violation Employment-Related Law: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Issue(s) involved in Complaint or Apparent Violation ("X" Appropriate Box(es)):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Wage Related</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Child Labor</td> <td><input type="checkbox"/> Pesticides</td> </tr> <tr> <td><input type="checkbox"/> Health/Safety</td> <td><input type="checkbox"/> Discrimination</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Trafficking</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Sexual harassment/coercion/assault</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>	<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing	<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Transportation	<input type="checkbox"/> Trafficking	<input type="checkbox"/> Sexual harassment/coercion/assault		<input type="checkbox"/> Other (Specify) _____		<p>5. If employer is an H-2A/Criteria Employer, is the complainant a: ("X" Appropriate Box):</p> <p><input type="checkbox"/> U.S. Worker <input type="checkbox"/> H-2A Worker</p>
<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing													
<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides													
<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Discrimination													
<input type="checkbox"/> Transportation	<input type="checkbox"/> Trafficking													
<input type="checkbox"/> Sexual harassment/coercion/assault														
<input type="checkbox"/> Other (Specify) _____														

<p>6a. Referrals To Other Agencies ("X" Appropriate Box(es)) <input type="checkbox"/> WHD. U.S. DOL. <input type="checkbox"/> OSHA U.S. D.O.L. <input type="checkbox"/> EEOC <input type="checkbox"/> Other _____</p>	<p>7. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.) _____ _____ () _____</p>
<p>6b. Next Follow-up Date if complainant is an MSFW ____/____/____</p>	

8. Actions Taken on Complaint/Apparent Violation (If additional space is needed for multiple actions taken, use a separate paper):

Action Taken By: _____ On: _____
 (First and Last Name) (Date)

Action Taken: _____

9. Complaint resolved at the local level Yes No If "No," explain* _____

10. Apparent violations resolved at the local level Yes No, If "No," explain* _____

11. Provided other American Job Center Services Yes No If "No," explain* _____

*If additional space is needed for explanations, use a separate paper.

12a. Name and Title of Person Receiving Complaint	12b. Office Address (No., St., City, State, ZIP Code)	
12c. Phone Number ()	12d. Signature	12e. Date / /

Public Burden Statement
 Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 2 hours and 30 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

Changes to Complaint/Apparent Violation Form 8429

<i>Original Line</i>	<i>Change</i>
Part 1. Complainant's Information	
8. Explanation of Complaint/Apparent Violation (If additional space is needed, use separate sheet of paper)	<p><i>At the bottom of Item 8, added:</i></p> <p><input type="checkbox"/> I hereby give authorization to: _____ to act on my behalf regarding this complaint.</p> <p>Phone #: _____ Contact information: _____</p>
Part II. For Official Use Only	
2. Complaint or Apparent Violation?	<p>2. Complaint or Apparent Violation Employment Service Related ("X" Appropriate Box(es))</p> <p>a. Complaint against the Employer</p> <p>b. Apparent violation against the Employer</p> <p>c. Complaint against the Local Employment Service Office</p> <p>d. Apparent violation against the Employment Service Office</p>
<p>3. Complaint or Apparent Violation Employment-Related Law:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>3. Type of Complaint or Apparent Violation ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> Employment Service Related</p> <p><input type="checkbox"/> Job Order No.</p> <p><input type="checkbox"/> Against Local Employment Service Office</p> <p><input type="checkbox"/> Against Employer</p> <p><input type="checkbox"/> Alleged Violation of Employment Service Regulations</p> <p><input type="checkbox"/> Employment-Related Law</p>
4. Issue(s) involved in Complaint or Apparent Violation	<p>Added:</p> <p><input type="checkbox"/> Trafficking</p> <p><input type="checkbox"/> Sexual harassment/coercion/assault</p>
<p>5. If employer is an H-2A/Criteria Employer, is the complainant a:</p> <p>("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> U.S. Worker</p> <p><input type="checkbox"/> H-2A Worker</p>	<p>5. H-2A/Criteria Employer ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> U.S./Domestic Worker</p> <p><input type="checkbox"/> H-2A Worker</p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Transportation</p>

