

<b>TRAINING AND EMPLOYMENT NOTICE</b>	<b>NO.</b> 1-17
	<b>DATE</b> July 10, 2017

**TO:** STATE WORKFORCE AGENCIES  
STATE WORKFORCE ADMINISTRATORS  
STATE WORKFORCE LIAISONS-

**FROM:** Byron Zuidema *Byron Zuidema*  
Deputy Assistant Secretary

**SUBJECT:** Updated ETA 8429 – Complaint/Apparent Violation Form

- Purpose.** To notify State Workforce Agencies about the publication of the updated Complaint/Apparent Violation Form (ETA 8429). (See attachment for the updated Form.)
- Background.** The U.S. Department of Labor updated the One-Stop Career Center (OSCC) Complaint/Referral Record (ETA 8429) by changing several parts of the Form. First, the title has been changed to “Complaint/Apparent Violation Form (ETA 8429).” This change enables the Form to capture both complaints and apparent violations. Part 1, which captures the complainant’s and respondent’s information, now specifies that the complainant’s information can be left out allowing the complainant remain anonymous if the Form is being used to record an Apparent Violation. The Form is also updated to reflect that the complaint can be made against a Person, Company, or Agency, where previously it only captured complaints made against a person. Further, the new Form does not require the signature of the complainant if it is an Apparent Violation.

Part 2, which is for official use, begins by asking whether the alleged violation is a Complaint or an Apparent Violation, and in the “Type of Complaint or Apparent Violation” section, it asks the State Workforce Agency (SWA) employee to mark whether the alleged violation relates to the Employment Service Regulations and/or an Employment-Related Law. Regarding referrals to other agencies, the updated Form expanded the list to include the Equal Employment Opportunity Commission (EEOC). In the section titled, “Action taken on Complaint/ Apparent Violation,” the SWA employee must now log who took action, when, and note the action taken. This was added to better track progress made for resolving complaints and apparent violations. Last, the Form now requires the SWA employee to log whether the case was resolved and if the individual was provided other One-Stop services.

- Action Requested.** All State Workforce Agency staff including State Monitor Advocates, outreach workers, and customer service representatives should use the Complaint/Apparent Violation Form (ETA 8429) when taking and logging complaints and apparent violations. The Form is available at: [https://doleta.gov/programs/msfw\\_form\\_with\\_inst.cfm](https://doleta.gov/programs/msfw_form_with_inst.cfm).

4. **Inquiries.** Please direct inquiries concerning the updated Complaint/Apparent Violations Form to the ETA Regional Monitor Advocate serving your state. The Monitor Advocate National Directory, a list of ETA Regional Monitor Advocates and the states they serve can be accessed at:  
[https://doleta.gov/programs/MSFW/pdf/NATIONAL\\_MSFW\\_MONITOR\\_ADVOCATE\\_DIRECTORY.pdf](https://doleta.gov/programs/MSFW/pdf/NATIONAL_MSFW_MONITOR_ADVOCATE_DIRECTORY.pdf).
5. **Attachments.**
  - A. ETA 8429 – Complaint/Apparent Violation Form



For Official Use Only

**Complaint/Apparent Violation Form<sup>1</sup>**

Complaint No.		Date Received	
<b>Part I. Complainant's Information<sup>2</sup></b>		<b>Respondent's Information<sup>3</sup></b>	
1. Name of Complainant (Last, First, Middle Initial)		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 ( ) -	
8. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)			

**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 <sup>4</sup>	10. Date Signed / /
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<sup>1</sup> For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

<sup>2</sup> 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.

<sup>3</sup> For definition of "Respondent" see 20 CFR 651.

<sup>4</sup> No signature is required at Part 9 if this form is submitted as an Apparent Violation.

