

State of Michigan
Instructions for Completing Complaint/Referral Record
ETA 8429

Special Instructions

- ETA 8429 form was developed for recording complaints filed with the State Workforce Agencies. The completion of this form is required in order for a complaint to be considered and processed in accordance with federal regulations at 20 CFR 658, Subpart E.
- Copies of the completed complaint will be distributed as follows:
 - Original and one copy will be retained by the local Michigan Works! (MW) Service Center.
 - One copy to complainant.
 - One copy to the State Complaint Specialist.
 - Additional copies will be prepared as deemed necessary by the local office.
- All complaints must be logged and recorded in accordance with the local and state office control procedures established by state agencies.

Preparation of Form

Part I: This part will be completed by the complainant. MW Service Center staff should assist the complainant in preparing this portion, if requested by complainant.

Item 1. Name of Complainant: Enter the name of the individual(s) filing the complaint. Use additional space to enter the name of more than one complainant, if necessary.

Items 2a-b. Permanent and Temporary Address: Enter the permanent address of the complainant in item 2a. The temporary mailing address should be entered in item 2b. Migrant and other workers often have temporary residences while working away from home.

Items 3a-b. Permanent and Temporary Telephone Number: Enter the permanent area code and telephone number in item 3a and the temporary area code and telephone number in 3b. If a complainant does not have a telephone, request a telephone number (of family, friend or neighbor) where he/she can be reached or given a message.

Item 4. Name of Person Complaint is Being Made Against: Enter the name of the person, where applicable, allegedly responsible for the complaint.

Item 5. Employer/OSCC office: Enter the name of the employer or the MW Service Center being charged for the alleged violations.

Item 6. Address of Employer/OSCC office: Enter the full address of employer or the MW Service Center listed on Line 5.

Item 7. Telephone number of employer/OSCC office: Enter the area code and telephone number of the employer or MW Service Center listed on Line 5.

Item 8. Description of Complaint: Enter the complainant's statement of his/her complaint. The statement should be complete and indicate the results expected. If the complainant is unable to fill out this section and assistance is given, the statement should be written in the first person. An additional sheet of paper should be provided if extra space is necessary. Additional sheet(s) are to be identified with the name of the complainant and the complaint number, if one is used. To ensure that no further comments are added to the original statement, a diagonal line should be drawn from the last word of the statement to the end of the page.

Item 9. Signature of Complainant: Review the complaint with complainant and request his/her signature. The complaint must be signed by at least one complainant. If the complainant refuses to do so, a statement by the agency official taking the complaint will be written to this effect. The complainant will be further advised, in writing, that since he or she refuses to sign the complaint, no further action can be taken on the complaint. The complainant's signature should be on each additional sheet used for Item No. 8.

Item 10. Date Signed: Enter the full date that the complaint was signed by the complainant.

Part II: This section is to be used by the MW Service Center Complaint Coordinator or other designated staff that is responsible for analyzing the complaint and recording all actions taken.

Item 1. Migrant or Seasonal Farmworker: Enter a check mark indicating whether or not the complainant meets the definition of a migrant or seasonal farmworker (MSFW), per federal regulations at 20 CFR 651.7.

Item 2. Type of Complaint:

- If the complaint is Employment Service related, enter an "X" in the box marked WIA(ES) related and then:
 - Enter an "X" in one or more of the appropriate 4 boxes below the WIA(ES) related box.
 - If a job order is involved, enter the complete job order number.
- If the complaint is non-Employment Service related, enter an "X" in the box marked non-WIA(ES) related.

Item 3. If non-WIA(ES) related, does Complaint concern laws enforced by U.S. Employment Standards Administration (ESA, U.S. Wage & Hour) or Federal Occupational Safety and Health Administration (OSHA): If applicable, enter an "X" in the appropriate box indicating whether the complaint concerns laws enforced by U.S. Wage & Hour or OSHA.

Examples of Laws Enforced By:

U.S. Employment Standards Administration (ESA) (U.S. Wage & Hour)

- Federal minimum wage
- Equal pay
- Child labor
- Overtime
- Farm Labor Contractors
- Wage garnishment
- Record keeping
- Safety and health for migrant farm worker housing with one or more occupants
- H-2A contract violations
- Migrant and Seasonal Agricultural Worker Protection Act (MSPA)

Federal Occupational Safety and Health Administration (OSHA)

- Workplace safety and health issues
- Safety and health in temporary labor camps

Item 4. Kind of Complaint: Enter an "X" in the appropriate box(es) to properly identify the kind(s) of complaint.

Item 5. H-2A/Criteria Employer: If the complaint is filed against an H-2A employer, enter an "X" to identify whether the complainant(s) is a U.S. worker or H-2A worker. In addition, mark an "X" next to the subject that best represents the basis of the complaint.

*Item 6. *For Discrimination Complaints Only:* For ES-Related complaints alleging discrimination, complainants have the option of filing their complaint under State of Michigan (DELEG) procedures or with USDOL's Civil Rights Center (CRC). Complaints filed under DELEG's uniform discrimination complaints procedures are to be filed with the local Michigan Works! Agency's designated Equal Opportunity Officer. Complaints filed with USDOL are to be directed to the CRC at the address listed below or on the ETA 8429.

- Director of the Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, D.C. 20210.

Items 7a-c. Referrals to Other Agencies: Enter an "X" in the appropriate box with the name of the agency to which complaint was referred. In addition, if it is an ES-related complaint, follow-up is required. Enter an "X" in the block marked monthly if the complainant is a MSFW or enter an "X" in the block marked quarterly if the complainant is a non-MSFW.

Enforcement Agencies

Enter an "X" in the box labeled Wage & Hour ESA/U.S. DOL or OSHA if the complaint will be referred to either agency.

Enter an "X" in the box labeled "Other" if the complaint will be referred to another agency such as, but not limited to:

- Michigan Wage & Hour Division
- Michigan Occupational Safety and Health Administration (MIOSHA)
- Michigan Department of Agriculture
- Michigan Department of Civil Rights
- Equal Employment Opportunity Commission (EEOC)
- Elevate to State Complaint Specialist

Item 8. Address of Referral Agency: Enter the full name, address, and telephone number of the enforcement agency to which the complaint was referred.

Examples of Enforcement Agencies

Federal:

- U.S. Equal Employment Opportunity Commission
Patrick V. McNamara Building
477 Michigan Avenue, Room 865
Detroit, MI 48226
(800) 669-4000

- U.S. Department of Labor
Occupational Safety and Health Administration
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220

- U.S. Department of Labor
ESA Wage & Hour Division
800 Monroe Avenue, NW, Suite 315
Grand Rapids, MI 49503-1451
(616) 456-2004

- U.S. Department of Labor
ESA Wage & Hour Division
211 W. Fort Street, Room 1317
Detroit, MI 48226-3237
(313) 226-7448

Examples of Enforcement Agencies

State of Michigan:

- Michigan Department of Energy, Labor & Economic Growth
Wage & Hour Division
PO Box 30476
Lansing, MI 48909
(517) 335-0400

- Michigan Department of Energy, Labor & Economic Growth

Michigan Occupational Safety and Health Administration
PO Box 30643
7150 Harris Drive
Lansing, MI 48909
(800) 866-4674

- Michigan Department of Civil Rights
Capitol Tower Building
110 W. Michigan Ave, Suite 800
Lansing, MI 48933
(517) 241-3600
Outside of Lansing, check www.michigan.gov/mdcr for nearest office location
- Michigan Department of Agriculture
Environmental Stewardship Division
PO Box 30017
Lansing, MI 48909
(517) 241-1174
- Michigan Department of Energy, Labor & Economic Growth
Bureau of Workforce Transformation
State Complaint Specialist
201 N. Washington Square
Lansing, MI 48913
(517) 335-5858

Item 9. Comments and Provide OSCC Services: Enter a brief summary of the initial action taken and whether complaint was or was not resolved. Enter an “X” in the appropriate box if OSCC(ES) services were provided, if not please explain.

Items 10a-b. Name and Title of Person Receiving Complaint: Enter in item 10a the name and title of the MW Service Center Complaint Coordinator/staff member accepting the complaint. Under item 10b, enter his/her area code and telephone number.

Item 11. Office Address: Enter the full address of the MW Service Center in which the complaint was filed.

Items 12a-b. Signature: This section is to be signed and dated by the MW Service Center Complaint Coordinator or designated staff member accepting the complaint.