EQUAL EMPLOYMENT OPPORTUNITY PLEDGE

Insert Sponsor Name:

will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATION-AL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 18 YEARS OLD OR OLDER.

Insert Sponsor Name:

will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under **Title 29 of the Code of Federal Regulations, part 30.**

YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of a registered apprenticeship program, for Federal purposes, to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (18 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days** from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

Oregon Bureau of Labor & Industries
Apprenticeship and Training Division
1800 SW 1st Ave, Suite 500
Portland, OR 97201
ATD.Email@BOLI.Oregon.gov
(971) 245-3844

**In Oregon a complaint alleging an unlawful employment practice of discrimination can be filed with the Civil Rights Division up to five years after the occurrence of the alleged unlawful employment practice.

EACH COMPLAINT FILED MUST BE MADE IN WRITING AND INCLUDE THE FOLLOWING INFORMATION:

1. Complainant's name, address, and telephone number, or other means of contact.
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not lim-ited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (18 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.

You may file complaints directly with the Bureau of Labor and Industries or your regional EEOC office.

EEOC Regional Office
450 Golden Gate Avenue
5 West P.O. Box 36025
San Francisco, CA 94102-3661
(800) 669-4000