

# Colorado Sheet Metal Workers Joint Apprenticeship & Training Committee

## Your Right to Equal Opportunity

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex, sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship. 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:

**Cynthia S. McLain**  
State Director  
USDOL/ETA/OA  
U.S. Custom House  
721 19th Street, Room 465  
Denver, CO 80202-2517  
Tel: (303) 844-6362  
E-Mail: [McLain.Cynthia@dol.gov](mailto:McLain.Cynthia@dol.gov)

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/employer, their contact information is listed below.

EEOC & FEPA Denver Field Office (Colorado & Wyoming)

Director: Amy Burkholder  
Regional Attorney: Mary Jo O'Neill  
303 E. 17<sup>th</sup> Ave  
Suite #410  
Denver, CO 80203  
Tel: (800)669-4000  
Fax: (303) 866-1085

CDLE/Colorado Civil Rights Division  
1560 Broadway  
Suite #110  
Denver, CO 80202  
Tel: (303) 894-2997  
Espanol: (720) 432-4294  
Toll-Free: (800) 262-4845; V/TTD RELAY: 711  
Fax: (303) 894-7830  
Email: [DORA\\_CCRD@STATE.CO.US](mailto:DORA_CCRD@STATE.CO.US)  
[DORA.COLORADO.GOV/CRD](http://DORA.COLORADO.GOV/CRD)

Each complaint filed must be made in writing and include the following information:

1. Complainant's name, address and telephone number, or other means for contacting the complainant;
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 limited 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, sexual orientation, national origin, age (40 or older), genetic information, or disability);
4. The complainant's signature or the signature of the complainant's authorized representative.