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| **Program Complaint Form** |
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| **Complainant’s Information** | **Respondent’s Information** |
| **Last Name** | **First Name** | **MI** | **Name of Person Complaint is Against** |
|       |       |       |       |
| **Address (No., St., City, State, Zip)** | **Name of Organization / Office** |
|       |       |
| **Email** | **Address (No., St., City, State, Zip)** |
|       |       |
| **Phone #** | **Alt. Phone #** | **Phone #** | **Email** |
|       |       |       |       |
| **Description of the Complaint** (Please explain the incident and circumstances) |
|  |
| **Date of Incident** |
| **Desired Resolution** (Please explain any resolution(s) you are seeking in response to this complaint) |
|  |
| **Certification:** I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of Certification 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.**Can we share this complaint/information with the individual this complaint has been filed against?** Yes [ ]  No [ ]   |
| **Signature of Complainant: X** | **Date:** |
| **\*\*Staff Use Only\*\*** |
| **What program was involved in the alleged incident?** (check all that apply) |
| [ ]  **Employment Service (Wagner Peyser)**[ ]  Against ESD [ ]  Against Employer, Job Order WA# [ ]  Alleged Violation of Wagner Peyser Regulations [ ]  Alleged Violation of Employment Law(s)[ ]  **Non Employment Service Complaint Against Employer**[ ]  Alleged Violation of Employment Law(s)[ ]  Other:  | **[ ]  Workforce Innovation & Opportunity Act (DW, Adult, Youth)****[ ]  Trade Adjustment Assistance (TAA) Program** **[ ]  Other Program/Provider:** |
| **Referrals (if applicable):**  |
| **Agency / Organization Receiving Referral** |
| Dept. of Labor & Industries [ ]  Dept. of Health [ ]  Human Rights Commission [ ]  Other:       |
| **Agency Contact**       | **Phone #**       | **Email**       |
| **Name of Staff Person Receiving Complaint** |
| **Last Name** | **First Name** | **Office Address (No., St., City, State, Zip)** |
|       |       |       |
| **Staff Signature: X** | **Date:** | **Phone #** | **Email**  |
|       |       |