|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Complaint Form** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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** | |
|  | | | |  | |