

Program Complaint Form

Complainant's Information

Last Name	First Name	MI
Address (No., St., City, State, Zip)		
Email		
Phone #	Alt. Phone #	

Respondent's Information

Name of Person Complaint is Against	
Name of Organization / Office	
Address (No., St., City, State, Zip)	
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)

- | | |
|--|---|
| <input type="checkbox"/> Employment Service (Wagner Peyser)
<input type="checkbox"/> Against ESD
<input type="checkbox"/> Against Employer, Job Order WA# _____
<input type="checkbox"/> Alleged Violation of Wagner Peyser Regulations
<input type="checkbox"/> Alleged Violation of Employment Law(s) | <input type="checkbox"/> Workforce Investment Act (DW, Adult, Youth) Program

<input type="checkbox"/> Trade Adjustment Assistance (TAA) Program

<input type="checkbox"/> Other Program/Provider: _____ |
| <input type="checkbox"/> Non Employment Service Complaint Against Employer
<input type="checkbox"/> Alleged Violation of Employment Law(s)
<input type="checkbox"/> Other: _____ | |

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