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)

☐ **Workforce Investment Act (DW, Adult, Youth) Program**

☐ **Trade Adjustment Assistance (TAA) Program**

☐ **Other Program/Provider:** _____

☐ **Non Employment Service Complaint Against Employer**
- ☐ Alleged Violation of Employment Law(s)
- ☐ 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)**	
		Phone #	**Email**
Staff Signature: X	**Date:**		