

## Program Complaint/Apparent Violation 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 or Apparent Violation** (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 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

<b>Signature of Complainant</b> (not required for Apparent Violations): X	<b>Date:</b>
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### \*\*Staff Use Only\*\*

**What program was involved in the alleged incident?** (check all that apply)

<input type="checkbox"/> <b>Employment Service</b> <input type="checkbox"/> Against ESD <input type="checkbox"/> Against Employer <input type="checkbox"/> Alleged Violation of Wagner-Peyser Regulations <input type="checkbox"/> Migrant or Seasonal Farm Worker (MSFW)	<input type="checkbox"/> <b>Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program</b>  <input type="checkbox"/> <b>Trade Adjustment Assistance (TAA) Program</b>  <input type="checkbox"/> <b>Other Program/Provider:</b> _____
<input type="checkbox"/> <b>Employment -Related Law Complaint</b> <input type="checkbox"/> Alleged Violation of Employment – Related Law(s) <input type="checkbox"/> Other: _____	<p><b>Note: Discrimination Complaints are documented using the complaint form in WSS Policy 1017, Discrimination Complaint Processing. Forward to EO Officer after logging.</b></p>

**Referrals (if applicable):**

**Agency/Organization Receiving Referral**  
 Dept. of Labor & Industries  Dept. of Health  Human Rights Commission  Other: \_\_\_\_\_

<b>Agency Contact</b>	<b>Phone #</b>	<b>Email</b>
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**Actions taken on Complaint/Apparent Violation (use separate paper if additional space needed)**

**Action taken by: (first and last name)** **On: (date)**

**Complaint/Apparent Violation resolved at local level?** Yes  No  (If no, explain (use separate paper for additional space))

**Provided other services?** Yes  No  (If no, explain (use separate paper for additional space))

**Name of Staff Person Receiving Complaint/Apparent Violation**

Last Name	First Name	Office Address (No., St., City, State, Zip)	
Staff Signature: X		Phone #	Email
Date:			