Program Complaint/Apparent Violation 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 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 ☐

Signature of Complainant (not required for Apparent Violations): X	**Date:**

Staff Use Only

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

- ☐ **Employment Service**
  - ☐ Against ESD
  - ☐ Against Employer
  - ☐ Alleged Violation of Wagner-Peyser Regulations
  - ☐ Migrant or Seasonal Farm Worker (MSFW)
- ☐ **Employment -Related Law Complaint**
  - ☐ Alleged Violation of Employment – Related Law(s)
  - ☐ Other: _____
- ☐ **Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program**
- ☐ **Trade Adjustment Assistance (TAA) Program**
- ☐ **Other Program/Provider:** _____

Note: Discrimination Complaints are documented using the complaint form in WSS Policy 1017, Discrimination Complaint Processing. Forward to EO Officer after logging.

Referrals (if applicable):

Agency/Organization Receiving Referral

Dept. of Labor & Industries ☐ Dept. of Health ☐ Human Rights Commission ☐ Other: _____

Agency Contact	Phone #	Email

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 **Date:**

Phone #	Email