



NOTIFICATION OF COMPLAINT

A. Personal Data

Name: _____

Address: _____

Telephone Number: _____

B. Respondent Data

Name: _____

Agency Name: _____

Address: _____

Telephone Number: _____

C. Complaint Data

Date of original complaint: _____

Please provide a clear and concise statement of the facts and dates describing the alleged violation. Please also indicate the remedy which you seek. Your statement is important in communicating a mutually acceptable resolution; however, the remedy may not be imposed as equitable relief on the final decision. (If more room is needed, please attach a separate sheet of paper.)

D. Please indicate the violation your complaint is based on

1. _____ Discrimination on the grounds of handicap
2. _____ Non-discrimination or violation of the Workforce Investment Act (WIA) and/or its regulations; please cite any applicable sections of the law _____
3. _____ General complaint against another person(s) or an organization funded by WIA; please indicate how those individuals did not comply with the WIA law, regulation or contract _____

Signature of Complainant (full name)

Date

Staff Use ONLY Disposition:

Disposition Date: