

WIOA PROGRAM COMPLAINT FORM

If you need help completing this form, please contact:

Equal Opportunity Officer Elizabeth A. Kaylor	Phone (Voice) (831) 755-5385	TTY/CRS Dial 711
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Name of Individual filing the grievance or complaint	Phone Number ()
Address (number, street, city, state, zip code)	

Basis for Service Complaint/Grievance: Please describe the action or treatment which you think was inappropriate. Please include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the dates of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please indicate the number of pages attached if you need to add more pages.

Name of the Program, Employee or Employer Against Whom the Grievance is Filed	
Outline what you think should be done to address/correct this issue.	
Signature of Grievant or Grievant Representative	Date
Signature of Individual Receiving the Grievance	Date
Action taken by Department/Unit Lead <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status	

Action taken by EO Officer <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status
