

Program Participant Complaint Form

Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA)

Program Participant Information

Name:	
Address:	
Telephone – Home:	
Telephone – Cell:	
Email address:	

Training Provider Information

Name of Institution:	
Telephone Number:	
Name of person(s) involved in the complaint:	
Email of person(s) involved in the complaint:	

Service Provider Information

Name of Service Provider:	
Name of Career Coach:	
Phone Number:	
Email address:	

Complaint Information

Have you informed your Service Provider about your complaint?	Yes:	No:
Has your Service Provider addressed your complaint?	Yes:	No:

If yes, please briefly describe their response:

Have you informed the Training Institution about your complaint?		Yes:	No:
If yes, who did you contact?	Name:		
	Title:		
	Telephone:		
	Email:		
Has the Training Institution addressed your complaint?		Yes:	No:
If yes, please briefly describe their response:			

Please clearly describe the nature of your complaint. Use additional paper if necessary.

By signing this form, I do hereby certify that the information provided is true and accurate to the best of my knowledge. I am also aware that I am subject to immediate termination from the WIOA Title I funded program if I intentionally supplied inaccurate or misleading information.

 Signature:

 Date: