

# Complaint Form

## Programs, Services, or Activities under the Workforce Innovation and Opportunity Act (WIOA)

### Personal Information

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

### Organization's Information

Provider of Title I Services:	Training Provider:	Other:
Organization's Name:		
Telephone Number:		
Name of person(s) involved in the complaint:		
Email of person(s) involved in the complaint:		

### Complaint Information

Have you informed the organization about your complaint?	Yes:	No:
Who did you contact to file your complaint?		
Was your complaint addressed?	Yes:	No:
If yes, please briefly describe their response:		

Was a resolution provided as of this date?		Yes:	No:
If yes, who provided the resolution?	Name:		
	Title:		
	Telephone:		
	Email:		
Are you satisfied with the provided resolution?		Yes:	No:
If not, please clearly describe the nature of your complaint. Use additional paper if necessary.			

All complaints must be submitted via email to: [equal-opp@snvwc.org](mailto:equal-opp@snvwc.org). If assistance is needed, please contact the Equal Opportunity Officer #702.636.2349.

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, as applicable, if I intentionally supplied inaccurate or misleading information.

\_\_\_\_\_  
 Signature:

\_\_\_\_\_  
 Date: