

COMPLAINT: INITIAL REPORT FORM

Name of Complainant: _____ Location: _____	
Address _____	Phone #: _____ E-Mail: _____
Date of Occurrence: ____/____/____	Date of Complaint: ____/____/____
Type of Complaint (check one): <input type="checkbox"/> Employee Misconduct <input type="checkbox"/> Program/Process <input type="checkbox"/> Eligibility <input type="checkbox"/> Discrimination <input type="checkbox"/> Other: _____	
Program: <input type="checkbox"/> WIA <input type="checkbox"/> JET <input type="checkbox"/> ES	

To be Filled Out by Grievance Officer – Describe what took place or what caused you to make this investigation. Get all the facts, etc.

Details of Complaint (include dates/times):

Name/Title of Parties Involved:

Persons who can provide additional information:	
Name _____	Address _____
Phone #: _____	E-Mail: _____
Name _____	Address _____
Phone #: _____	E-Mail: _____

Specific acts, regulations or other agreements believed to be violated:

Requested Relief:

INVESTIGATION REPORT – ACTIONS TAKEN

Actions Taken:

- Grievance/ Hearing Policy Sent Date: _____
- Record Review Facilitated meeting
- Sent to contractor for resolution Other

OUTCOME

- Elevated to Grievance Level
- Lacks Merit (requires written determination)
- No issue to be grieved (requires written determination)
- No relief can be granted (requires written determination)
- Complainant fails to comply w/procedure (requires written determination)
- Other _____

Signature: _____ Date: ____/____/____