

COMPLAINT: INITIAL REPORT FORM

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| 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.

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| Details of Complaint (include dates/times): |
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|---------------------------------|
| 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:

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|---|--|
| <input type="checkbox"/> Grievance/ Hearing Policy Sent Date: _____ | |
| <input type="checkbox"/> Record Review | <input type="checkbox"/> Facilitated meeting |
| <input type="checkbox"/> Sent to contractor for resolution | <input type="checkbox"/> Other |

OUTCOME

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|---|
| <input type="checkbox"/> Elevated to Grievance Level |
| <input type="checkbox"/> Lacks Merit (requires written determination) |
| <input type="checkbox"/> No issue to be grieved (requires written determination) |
| <input type="checkbox"/> No relief can be granted (requires written determination) |
| <input type="checkbox"/> Complainant fails to comply w/procedure (requires written determination) |
| <input type="checkbox"/> Other _____ |

Signature: _____ Date: ____/____/____