|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complaint/Apparent Violation Log** | | | | |
|  | | | | |
| **Local Workforce Development Board:** |  |  | **Program Year:** |  |
| **Complaint Coordinator:** |  |  | **Quarter Ending:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Date of Receipt** | **Complainant’s**  **Name** | **Complainant’s Address** | **Program/ Process** | **MSFW** | **Grounds / Description** | **Respondent** | **Resolution / Disposition** | **Date of Resolution** |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |
|  |  |  |  |  | Yes  No |  |  |  | Click here to enter a date. |  |

**NOTE:** The identity of complainants and any persons who furnish information relating to, or assisting in, an investigation of a complaint must be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of the complaint.

**Instructions/Definitions:**

**Date of Receipt** - The day the complaint is received, or an apparent violation is observed. Complaints must be submitted within two years of the incident for Wagner-Peyser; **ID** - The last two digits of program year + consecutive 3-digit ID number (i.e., the first complaint of PY 2019 will be "19-001").

**Program or Process** - Refers to a federal program (e.g., WIOA) or it could be a specific function or activity (e.g., workshop). Program or Process also indicates jurisdiction.

**Resolution/Disposition** - The outcome or determination of the investigation, including any referral/transfer. If referred/transferred, the agency or partner the complaint has been transferred to needs to be clearly identified.

**Respondent** - Refers to the organization and individual within the WorkSource system against whom the complaint is filed.