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| **FORMULARIO PARA QUEJAS O INFRACCIÓNES APARENTES** | | | | | | | | | |
| **Información del Trabajador / Individuo** | | | | **Información del Encuestado / Organización** | | | | | |
| **Apellido** | **Nombre** | | | **Nombre de la Persona de quien se Queja** | | | | | |
|  |  | | |  | | | | | |
| **Dirección (Número, Calle, Ciudad, Estado, Código Postal)** | | | | **Nombre de la Organización o Empleador** | | | | | |
|  | | | |  | | | | | |
| **Correo Electrónico** | | | | **Dirección (Número, Calle, Ciudad, Estado, Zona Postal)** | | | | | |
|  | | | |  | | | | | |
| **Teléfono** | **Teléfono Alternativo** | | | **Teléfono** | | | | | **Correo Electrónico** |
|  |  | | |  | | | | |  |
| **Declaración de la Queja o Infracción Aparente** (Por favor explique el incidente y circunstancias) | | | | | | | | | |
|  | | | | | | | | | |
| **Fecha del Incidente** | | | | | | | | | |
| **Resolución Deseada** (Explique cualquier resolución que esté buscando en respuesta a esta queja.) | | | | | | | | | |
|  | | | | | | | | | |
| **Certificación:** CERTIFICO que la información proporcionada es verdadera y precisa según mi leal saber y entender. AUTORIZO que se comparta esta información a otras agencias para la adecuada investigación de mi queja. ENTIENDO que mi identidad se mantendrá confidencial en la mayor medida posible, de acuerdo con las leyes que aplican y con una determinación justa de mi queja.  **¿Podemos compartir esta queja / información con la persona contra la que se ha presentado esta queja?** Sí  No | | | | | | | | | |
| **Firma del Trabajador / Individuo: (No se requiere para Infracciónes Aparentes)**  **X** | | | | | | **Fecha:** | | | |
| **\*\*Staff Use Only\*\* (Para Uso del Personal Solamente)** | | | | | | | | | |
| **What program was involved in the alleged incident?** (check all that apply) | | | | | | | | | |
| **Employment Service (Wagner-Peyser)**  Against ESD  Against Employer  Alleged Violation of Wagner-Peyser Regulations  Migrant or Seasonal Farm Worker (MSFW)  **Employment-Related Law Complaint**  Alleged Violation of Employment-Related Law(s)  Other: | | | | **Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program**  **Trade Adjustment Assistance (TAA) Program**  **Other Program/Provider:**  **Note: Discrimination Complaints are documented using the complaint form in WSS Policy 1017, Discrimination Complaint Processing. Forward to EO Officer after logging.** | | | | | |
| **Referrals (if applicable):** | | | | | | | | | |
| **Agency/Organization Receiving Referral** | | | | | | | | | |
| Dept. of Labor & Industries  Dept. of Health  Human Rights Commission  Other: | | | | | | | | | |
| **Agency Contact** | | | **Phone #** | | | | **Email** | | |
| **Actions taken on Complaint/Apparent Violation (use separate paper if additional space needed)**    **Action taken by: (first and last name)       On: (date)** | | | | | | | | | |
| **Complaint/Apparent Violation resolved at local level?** Yes  No  (If no, explain (use separate paper for additional space)  **Provided other services?** Yes  No (If no, explain (use separate paper for additional space) | | | | | | | | | |
| **Name of Staff Person Receiving Complaint/Apparent Violation** | | | | | | | | | |
| **Last Name** | **First Name** | | | | **Office Address (No., St., City, State, Zip)** | | | | |
|  |  | | | |  | | | | |
| **Staff Signature:**  **X** | | **Date Received:** | | | **Phone #** | | | **Email** | |
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