



WORKFORCE PARTNERSHIP
JOHNSON • LEAVENWORTH • WYANDOTTE

KANSASWORKS

WIA General Complaint Form

Complainant (person filing the complaint)

Name:			
Address:	City:	State:	Zip:
Telephone:		E-Mail:	

Complainants with disabilities will be accommodated during the complaint process. If an accommodation is required in communication or accessibility of location, please indicate the kind of accommodation required, e.g. accessible location, deaf interpreter (please indicate type of sign language), notification of results and/or hearing dates in alternative format such as Braille, large print or cassette.

Respondent (person/entity complaint filed against)

Name:			
Address:	City:	State:	Zip:
Telephone:		E-Mail:	

Instructions: Provide a clear and brief statement of the facts. Include relevant dates that will assist in the investigation and resolution of the complaint. If additional space is needed, use reverse side of this form or attach additional sheets.

The above information is true and correct to the best of my knowledge.

Signature of Complainant

Date

FOR OFFICIAL USE ONLY			
Person Receiving Complaint:		Title:	
Address:	City:	State:	
Telephone:	E-Mail:		