

State of Idaho
Workforce Innovation and Opportunity Act (WIOA)
Title I Complaint Form:

Complainant Contact Information

Name: _____
First Middle Initial Last

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

Agency which you believe has discriminated or retaliated: _____

Agency Location: _____
(Address/City)

Complaint Information

Is the complaint in connection to your participation in a WIOA program? Yes No

Have you contacted the agency regarding this complaint? Yes No

If yes, date of contact: _____

Date of Incident: _____

Who did you speak with? _____

Basis for complaint (Race, Color, Religion, Sex, National Origin, Age, Disability, Political Affiliation, Belief, Citizenship, Participation in WIOA Title I Program or Activity):

Where did the incident occur?:

Explain the details of the incident:

Identify your desired outcome of this complaint:

Witness Information (if applicable)

Name: _____
First Middle Initial Last

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

May we contact this witness? Yes No

Complainant Acknowledgement:

I certify that the information provided is accurate to the best of my knowledge. I understand and consent to the disclosure of information contained in this complaint.

Complainant Signature: _____

Date: _____

Once completed this form may be mailed, faxed, or emailed to:

The State of Idaho
Attention: Janelle McDonald, Deputy Equal Opportunity Officer
304 N. 8th Street
P.O. Box 83720
Boise, Idaho 83720-0066
Fax: 208-334-2438
Janelle.mcdonald@dhr.idaho.gov