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

# **Complainant Contact Information:**

Name (First, Middle Initial, Last): Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, and Zip Code: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Business Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Agency which you believe has discriminated or retaliated: Choose an item.

Agency Location (address/city: Click or tap here to enter text.

## Complaint Information:

Is the complaint in connection to your participation in a WIOA program? Yes [ ]  No [ ]  I don’t know [ ]

Have you contacted the agency regarding this complaint? Yes [ ] No [ ]

If yes, date of contact: Click or tap to enter a date.

Date of Incident: Click or tap to enter a date.

Who did you speak with? Click or tap here to enter text.

Basis for complaint (Race, Color, Religion, Sex, National Origin, Age, Disability, Political Affiliation, Belief, Citizenship, Participation in WIOA Title I Program or Activity): Click or tap here to enter text.

Where did the incident occur?: Click or tap here to enter text.

Explain the details of the incident: Click or tap here to enter text.

Identify your desired outcome of this complaint:Click or tap here to enter text.

### Witness Information (if applicable):

Name (First, Last): Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, and Zip Code: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Business Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

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: Click or tap to enter a date.

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

The State of Idaho

Attention: Deputy Equal Opportunity Officer

304 N. 8th Street

P.O. Box 83720

Boise, Idaho 83720-0066

Fax: 208-334-2438

**ada.coordinator@dhr.idaho.gov**