

NOTIFICATION OF GRIEVANCE or COMPLAINT

Please submit form to: EEO Officer, Nevadaworks, 6490 S. McCarran Blvd., Bldg. A, Ste. 1, Reno, NV 89509-6119

1. This grievance/complaint involves which WIOA program? Adult ____ Dislocated Worker ____ Youth ____

2. Complainant Information

Name and Address:

E-mail Address:

Telephone Number(s) with area code:

Home: _____

Work: _____

Other: _____

3. Respondent Information

Name and Address of Agency Involved:

Telephone Number(s) with area code:

4. On what date(s) did the grievance/complaint take place? _____

5. Explain as briefly and clearly as possible the grievance/complaint. Provide what happened, who was involved, and why a grievance/complaint is being filed. Attach any documentation related to this grievance/complaint.

6. What additional information might assist with the investigation of this grievance/complaint?

7. Please list any persons (witnesses or others) and their contact information that may be contacted for additional information to support or clarify this complaint.

Name	Address	Telephone Number
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8. What remedy or resolution is being sought to resolve this complaint?

Complainant Name (Print)

Date

Complainant Signature (Required)