



**WorkSource Southwest Georgia
WIOA Programmatic General Grievance/Complaint Form**

INSTRUCTIONS: Please complete general complaint form. This form should be completed and submitted within a reasonable time frame not to exceed 120 days. Once you have completed the appropriate questions, please sign and date at the end of this form. U.S.C. § 3241 (c) (1) requires that the State and LWDA's receiving funding authorized under WIOA provide the opportunity for a hearing and resolve any Complaint within (60) days of the Complaint's filing, if expressly requested in writing by the complainant. Technical Assistance from Staff with completing the below questions and the complaint process are available upon request. The Complaint policies are located on the Equal Opportunity Complaint & General Grievance Policy and Procedure.

WorkSource Southwest Georgia

ATTN: Melody Pierce, Executive Director
 75 West Broad Street P.O. Box 647, Camilla, GA 31730
 Phone (229) 336-2378 Fax: (229) 336-8190
 TTY: 711 or 1-800-255-0056; voice: 1-800-255-0135,
 Spanish to Spanish: 888-202-3972

1. Complainant Information:

First Name _____ MI _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____
 Email Address _____

2. Respondent (Agency, Employee, or Employer you are making the complaint against):

Name _____ Telephone (____) _____ - _____
 Address _____ City _____ State _____ Zip _____

3. Briefly describe, as clearly as possible, your complaint. Also, attach any documentation pertaining to your complaint.

a. Please explain the basis of the complaint. _____

4. Briefly describe, as clearly as possible, the resolution you seek.

Equal Opportunity Employer/Program

Auxiliary Aides & Services Are Available Upon Request to Individuals with Disabilities

Effective Date: June 5, 2018

WDB Approval: Approved (Ref. Policy WIOA-2018-017 - Revised: July 2019 - State Equal Opportunity Officer contact information update only – no change in policy)

This is all that is required for a general complaint, please sign and date at the end of this form.

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.

Complainant Signature _____ Date _____

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