



CHICAGO COOK WORKFORCE PARTNERSHIP CUSTOMER PROGRAM COMPLAINT AND GRIEVANCE FORM

THIS FORM IS TO BE USED FOR PROGRAM (Nondiscrimination) COMPLAINTS and GRIEVANCE ONLY.

Complainant/Grievant should first seek to resolve his/her complaint/grievance through the agency's internal complaint process. All unresolved complaints should be submitted to the Chicago Cook Workforce Partnership's Complaint/Grievance Officer.

Complaint/Grievance must be filed within 180 days of the alleged violation(s)

Please type or print your information. Answer each question as completely as possible. If you cannot fit your whole answer in the space provided on this form, you may add additional pages. **After completing this form in full, attach any documentation that supports your complaint.**

Please return the completed form and documentation to:

Chicago Cook Workforce Partnership
Attention: Gladys Hall, Complaint/Grievance Officer
69 West Washington, Suite 2860
Chicago, Illinois 60602

1. Complainant/Grievant status: Customer Applicant Participant Employee Service Provider

Training Provider One-Stop Partner Other:

2. Please provide the following information.

Complainant/Grievant Name

Street Address

City

State

Zip Code

Phone Number

E-mail Address

Best time to contact you

3. Please provide the name of the person or agency (e.g., service provider, training provider, organization or business) that you are filing a complaint against and the name of the person(s) directly involved in your complaint.

Agency Name

Phone Number

Street Address

City, State, Zip Code

Staff Person

Job Title

Staff Person

Job Title

4. Please identify the basis of your complaint/grievance. Failure to do so may slow down the processing of your complaint.

<input type="checkbox"/>	WIOA Services/Activities	<input type="checkbox"/>	Individual Training Account Grant (Voucher)
<input type="checkbox"/>	American Job Center/Service Center	<input type="checkbox"/>	Delegate Agency
<input type="checkbox"/>	Training Program	<input type="checkbox"/>	Training Provider
<input type="checkbox"/>	Other (Please specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	Employee: (Current or former employee and/or applicant for employment of respondent).

5. On what date did the alleged violation occur?

6. Where did the alleged violation occur?
Street Address

City

State

Zip Code

7. Did anyone witness your claim? YES NO If yes, would he/she agree to an interview and sign a written statement to support what he/she witnessed? YES NO If yes, please provide the name and contact information of the witness. (If necessary, attach additional pages).

Witness Name

Phone Number

Street Address

City, State, Zip Code

Witness Name

Phone Number

Street Address

City, State, Zip Code

8. Have you tried to resolve this complaint/grievance with the agency (e.g., service provider, training provider, organization or business), through their informal complaint processing procedures? YES NO

9. If yes, describe the action taken by the agency to resolve your complaint/grievance. (If necessary, attach additional pages)

10. Have you filed a written complaint/grievance with another agency, (e.g., DCEO's Office of Employment & Training Administration (ETA), Office of Employment & Training (OET) or Illinois Department of Human Rights (IDHR)), about the same events or actions, you describe on this Complaint Form? YES NO If yes, please answer the following questions, as best as you can. (If necessary, add additional pages). If no, please continue to question 11.

When did you file your first written complaint/grievance? (Date)

Where did you file?

Name of the Specific Office

Name of contact person that worked on your complaint/grievance, if known

Mailing or Street Address

City

State

Zip Code

Phone Number

E-mail Address

Has the agency where you filed your first written complaint/grievance given you a final decision about the complaint/grievance?

YES NO

If yes, what was the date of the final decision?

Was the decision in writing?

YES NO (If possible, include copies of written decision with this complaint/grievance)

11. Did you choose to have a representative to present your claim? YES NO If yes, please provide the following information.

Representative Name

Organization Name/Title (If any)

Phone Number

E-mail Address

Street Address

City, State, Zip Code

11. Please provide a detailed description of your complaint/grievance and any action taken by you and/or the agency to resolve your complaint prior to submitting this formal appeal to the Chicago Cook Workforce Partnership. (If necessary, attach additional pages).

12. What resolution are you seeking? (If necessary, attach additional pages)

Signature of Complainant/Grievant

Date

Signature of Complainant/Grievant Representative

Date

For office use only

Signature of Complaint/Grievance Officer

Date Received

Complaint/Grievance Officer's Direct Phone Number:312-603-7083 E-mail address: gHall@chicookworks.org Fax Number: (312) 603-9930 (9939).