

**ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD**

**NOTIFICATION OF COMPLAINT/GRIEVANCE**

**Personal Data:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number \_\_\_\_\_  Home  Work (please check one)

E-mail address: \_\_\_\_\_

Your Counselor's Name: \_\_\_\_\_

**Respondent Data:**

**This Complaint is against:**

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**COMPLAINT DATA:**

Date of original complaint: \_\_\_\_\_

Indicate the violation your complaint is based on:

- Discrimination/Equal Opportunity
- Non-Criminal WIA Violations
- Criminal Allegations of Fraud, Abuse, or Gross Waste

**FOR OFFICIAL USE ONLY. DO NOT WRITE IN THIS SECTION.**

Date Received: \_\_\_\_\_ Investigator: \_\_\_\_\_

Please state the nature of your complaint. (Use additional pages if necessary) Include copies of any documentation to support your position. DO NOT SUBMIT ORIGINALS. Please sign and date this form at the end of your complaint.

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What is the remedy you are seeking?

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Do you have a copy of the Alameda County Workforce Investment Board Notification of Rights and Complaint Procedures?  Yes  No

If you do not have a copy of the procedures, please obtain from the WIB Director's office such in order that you are aware of filing deadlines and the process for resolution of your complaint.

If you have or will be represented by an attorney or a lay representative, please state:

His/her full name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Daytime telephone number: \_\_\_\_\_

The WIB Complaint Procedures for both Civil Rights and Non-Criminal WIA issues provide for an informal conference to assist you in resolving your complaint. Do you want to have an informal conference?

Yes  No  Not Applicable

Will you or any witness you want to testify require the services of an interpreter? If so, which language? \_\_\_\_\_

(NOTE: You will be advised if a member of the County staff is available to interpret for you or your witness. If no one is available, you will have to supply your own interpreter at your own expense.)

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Complainant (please print)