



# Illinois Department of Commerce and Economic Opportunity

Rod R. Blagojevich  
Governor

Jack Lavin  
Director

## State of Illinois Workforce Investment Act Complaint Form

**Complainant's Name:** \_\_\_\_\_ **Status of Complainant:(check one)**  
**Address:** \_\_\_\_\_ Employee:   
 \_\_\_\_\_ Applicant:   
**Phone:** \_\_\_\_\_ Participant:   
**Email:** \_\_\_\_\_ Other:

**Respondent's Name:** \_\_\_\_\_ **Status of Respondent (s):**  
**Position:** \_\_\_\_\_ Service Provider:   
**Address:** \_\_\_\_\_ LWA Adm. Entity:   
 \_\_\_\_\_ LWA Grant Recipient:   
**Phone Number:** \_\_\_\_\_ Private Employer:   
 \_\_\_\_\_ PIC Council:

**Respondent's Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

### Basis of Complaint Alleged

- Race: Specify \_\_\_\_\_
- Color: Specify \_\_\_\_\_
- Religion: Specify \_\_\_\_\_
- National Origin: Specify \_\_\_\_\_
- Sex: Circle Male/Female
- Age: Specify Date of Birth \_\_\_\_\_
- Disability: Specify \_\_\_\_\_
- Political Affiliation or Belief: Specify \_\_\_\_\_
- Citizenship: Specify \_\_\_\_\_
  
- Sexual Harassment: Specify \_\_\_\_\_
- Non WIA Related: Specify \_\_\_\_\_
- WIA Related: Specify \_\_\_\_\_

### Has a charge been filed with:

- (Please circle)
- Yes No IL Dept. of Rehab Services
  - Yes No IL Dept. of Human Rights
  - Yes No US Department of Labor
  - Yes No US Equal Employment  
Opportunity Commission

To the best of your knowledge, what date(s), times(s) and place(s) did the alleged complaint(s) occur? (if applicable)

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Date complaint was presented to immediate supervisor? (if applicable)

\_\_\_\_\_ Was it Oral or Written? \_\_\_\_\_

Signature/date of immediate supervisor acknowledging discussion of complaint: (if applicable)

\_\_\_\_\_ Date: \_\_\_\_\_

Have you attempted to resolve this complaint? (please circle)    Yes    No

Explain briefly as clearly what happened and how you were discriminated against. State the facts as alleged, including pertinent dates, constituting the alleged violation. Indicate who (names and titles) was involved and be sure to include how other person(s), if known about, were treated differently from you. Attach any written documentation/material pertaining to the case. Please state the provisions of the Workforce Investment Act, regulations, grant, contract, or other agreements under the Workforce Investment Act believe to have been violated..

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Attach additional sheets, if necessary. Each sheet/attachment should identify complainant by name, be signed by complainant and dated.

Remedy sought by complainant:

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Do you have an attorney?  
(please circle)  
Yes No

If yes, please provide the name, address and  
phone number in the space provided.

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Signature of Complainant/Authorized Representative

Date: \_\_\_\_\_

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Signature of WIA EO Officer

Date: \_\_\_\_\_