Complaint and Appeal Form

Please complete this form and submit:

- In person at one of the Workforce Solutions offices,
- Via mail by sending to the Workforce Board Office at 500 Chestnut, Ste. 1200, Abilene, TX, 79602, or
- Via email by sending to appeals@workforcesystem.org.

Appeals related to child care services should be sent via mail to Child Care Services, 500 Chestnut, Ste. 1100, Abilene, TX, 79602, OR may be faxed to Child Care Services at 325-795-4369.

Note: Persons wishing to file complaints of discrimination by employers may file directly with the appropriate state or federal agency. (Contact the Complaint Representative at the email address above for contact information.)

Complainant's Information	
1. Name of Complainant Last: First: Middle Initial:	**2a. Permanent/Mailing Address** Number & Street: City: State: Zip Code:
2b. Temporary Address (if appropriate)	**3. Permanent Telephone Number** **Other/Temporary Phone Number**
4. Email Address	

Respondent's Information	
5. Name of Person Complaint Made Against	**6. Name of Employer/Workforce Center Office (WFC)**
7. Address of Employer/WFC Office	**8. Telephone Number of Employer/WFC Office**

Complaint Information
9. Description of complaint or reason for appeal. If additional space is needed, use separate sheet(s) of paper and attach to this form.

10. To your best recollection, on what date(s) did the alleged incident(s) take place? For appeals, please list the date of the determination or decision you are appealing.

Date of first occurrence:

Date of most recent occurrence:

11. For this incident (or the complaint decision/service determination you are appealing), have you filed a complaint or appeal with any other state or federal agency?

If so, please list the agency here:

12. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint.

Name	Contact Information

13. If alleging discrimination, which of the following best describes why you believe you were discriminated against? (If not alleging discrimination, skip this section.)

☐Race
Specify: _____

☐Color

☐Religion
Specify: _____

☐Sex
Specify: _____

☐ National Origin
Specify: _____

☐ Age
Date of Birth: _____

☐Disability
Specify: _____

_____

☐ Political Affiliation/Belief
Specify: _____

_____

☐Citizenship
Specify: _____

_____

☐Participation in WIOA program/activity
Specify: _____

_____

☐Reprisal/Retaliation
(must be based on one of the listed discriminatory actions)
Specify: _____

_____

_____

14. Certification: I certify that the information furnished is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to other 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.

15. Signature of Complainant	**16. Date**