

**WIA GRIEVANCE FORM**

**Check Box That Applies:**

Customer       Staff Member       Contractor       Other

**Please Print or Type**

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone Number (      )** \_\_\_\_\_

**Program** \_\_\_\_\_

**Program Address** \_\_\_\_\_

**Program Phone Number (      )** \_\_\_\_\_

**Nature of Grievance (please describe, in detail, the specific nature of your grievance)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How would you like this grievance resolved?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(USE ADDITIONAL SHEETS IF NECESSARY)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The Department of Youth and Community Development is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.

