Missouri Department of Economic Development
Missouri Division of Workforce Development

WIOA (Workforce Innovation and Opportunity Act) GENERAL COMPLAINT

Complainant Information *(please print or type)*

FIRST NAME	LAST NAME		
HOME STREET ADDRESS			TELEPHONE NUMBER *(include Area Code)*
CITY	STATE MO	ZIP CODE	EMAIL ADDRESS *(if available)*

Complainants with disabilities will be accommodated during the complaint process. If an accommodation is required regarding communication or accessibility of location, please indicate in the space below the kind of accommodation required, e.g. accessible location, deaf interpreter (please indicate type of sign language), notification of results and/or hearing dates in alternative format such as Braille, large print, or audio format.

Respondent Information (the person or entity that the complaint is being filed against) *(please print or type)*

NAME of PERSON OR AGENCY			TELEPHONE NUMBER *(include Area Code)*
STREET ADDRESS OF AGENCY			
CITY	STATE MO	ZIP CODE	EMAIL ADDRESS *(if available)*

Nature of Complaint *(please print or type)*

Provide a clear and brief statement of the facts in the space below. Include relevant dates that will assist in the investigation and resolution of the complaint. If additional space is needed, use the reverse side of this form or attach additional sheets.

Attest: *"The above information is true and correct to the best of my knowledge."*

Signature of Complainant *Date*

FOR OFFICIAL USE ONLY

PERSON RECEIVING COMPLAINT	JOB TITLE/AGENCY		
STREET ADDRESS OF AGENCY	CITY	STATE MO	ZIP CODE
TELEPHONE NUMBER *(include Area Code)*	EMAIL ADDRESS		

DWD-104 (2016-06)

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