This form is a confidential, internal document and is not to be shared with persons who are not employees of the Department of Employment Services.

Apprenticeship Sponsor: ________________________________ Date of Incident: __________________

Apprenticeship Training Rep Contacted:  ☐ Yes  ☐ No

Are you requesting a hearing (reinstatement, involuntary or voluntary deregistration etc.)?  ☐ Yes  ☐ No

Worksite: __________________________________________ Worksite Supervisor: ____________________________

Complaint type: ___________________________________________________________________________________

Name of person(s) Involved: __________________________________________________________________________

Name of person completing this form: __________________________ Date: __________________

Describe the complaint and/or incident that occurred (Include facts only; exclude opinions and/or assumptions):
________________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________________

Witness(es): (Title: Supervisor, Apprentice, etc) and Telephone number:
1. __________________________________________________________ Phone: ______________________
2. __________________________________________________________ Phone: ______________________

Other remarks and/or actions requested:
________________________________________________________________________________________________________________________________________________________________________________