



COMPLAINT REPORT FORM

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:

