**Complaint Resolution Notice**

Date Complaint Filed: Click or tap to enter a date.

Complainant Name: Click or tap here to enter text. Respondent Name: Click or tap here to enter text.

Complainant E-mail Address:Click or tap here to enter text. Respondent Address: Click or tap here to enter text.

Complainant Phone Number: Click or tap here to enter text. Respondent Phone Number: Click or tap here to enter text.

Career Center Location: Click or tap here to enter text. Complaint System Rep Name: Click or tap here to enter text.

Complaint Description (describe the details of the complaint):

Click or tap here to enter text.

Complaint resolved at local level? Yes  No

Additional action required? Yes  No  If yes, describe action steps and responsible party:

Action Item: Responsible party name: Date to be completed:

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Outcome achieved (describe the outcome): Click or tap here to enter text.

The complainant indicates satisfaction with the outcome via signature below.

The complainant chooses not to elevate the complaint to the next level of review.

The complainant or the complainant's authorized representative failed to respond to a request for information within 40

business days of a written request by the appropriate ES office or State agency.

The complainant has exhausted all available options for review.

A referral has been made to the following enforcement agency: Click or tap here to enter text.

*The complaint has been reviewed, and all parties involved have agreed that the resolution is satisfactory. By signing below, I confirm that this matter has been resolved to my satisfaction, and no further action is needed (unless specified above).*

Complainant Signature Date

Respondent Signature Date

Complaint System Rep Signature Date