**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