NYS WIA Title I Discrimination Complaint Log (DEOD 835)

Name of WIA Service Provider:

Month/Date/Year of Submittal:

Date of Complaint (A)	Name of Complainant (B)	Address of Complainant (C)	Status of Complainant (D)	DOL-funded Program (E)	Date of the Alleged Discrimatory Incident (F)	Grounds/ (Bases) of Complaint (G)	Description/Issue of Complaint (H)	Name of Respondent (I)	Is Respondent a recipient? Yes or No (J)	Date Completed (K)	Results/Action (L)	Referred to: (M)	ADR Yes or No (N)	Date Appeal Sent (O)	Person Performing Review (P)

Submitted by: _____ **Date:** _____ **Program Type** (check one) ☐ OSY ☐ OST/TTA ☐ SYEP ☐ Other (Specify) _____