

Grievance Submittal Form

Nondiscrimination in CWI Programs

SECTION I. COMPLAINANT INFORMATION

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

TELEPHONE NUMBER:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

SECTION II. INCIDENT INFORMATION

DATE OF INCIDENT:

DATE OF GRIEVANCE SUBMISSION:

LOCATION OF INCIDENT (Include street crossing, street number, Street, City, State, ZIP)

Please identify the parties harmed or potentially harmed by the alleged discrimination. Use additional pages if necessary.

List the state and/or federal statute(s) or regulation(s) that CWI Programs allegedly violated and detail with specificity the action(s) or inaction(s) by CWI that support the alleged violation. Use additional pages if necessary.

Describe with specificity the action(s) or inaction(s) allegedly resulted in discrimination. Use additional pages if necessary.

SECTION III. CERTIFICATION

I certify under penalty of law that I am familiar with the information submitted and that, based on my experience and inquiry, I believe the submitted information is true, accurate, and complete.

Signature

Date

Print Name

Submit this form with any additional pages to:

Nondiscrimination Compliance Coordinator
Human Resources
Center for Workforce Inclusion
8403 Colesville Rd
Suite 200
Silver Spring, MD 20910

or by email to:

mdaniels@workforceinclusion.org

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