



Complaint/Grievance Form

Date: _____

ARC/ARWB has been randomly selected by USDOL Employment and Training Administration to participate in a rigorous random assignment evaluation to examine the effectiveness of intensive and training services offered through WIA Adult and Dislocated Worker Programs. Applicants have been advised of the evaluation and provided an opportunity to sign a consent form agreeing to accept random assignment to one of three study groups: the core group, the core-and-intensive group, or the full WIA group. The applicant study group status will remain the same until the evaluation ends.

The following general complaint procedures are not available to applicants dissatisfied with their random assignment service status. Customers may contact the Evaluation Team at 1-800-925-0356 between the hours of 9 am and 9 pm EST.

1. Person Making Complaint:

FullName: _____

Telephone Number: _____

Address: _____

Email: _____

2. Person or Organization Against Whom the Complaint is Made

Full Name: _____

Telephone Number _____

Address: _____

3. Clear, Brief Statement of the Facts Including the Date(s) the Alleged Violation Occurred (write on back if necessary)

4. Relief Requested

5. Send To: Anna Thompson, WIA Equal Opportunity Officer
Atlanta Regional Commission, Workforce Development Division
40 Courtland Street
Atlanta, Georgia 30303
404-463-3331 athompson@atlantaregional.com