

Illinois Department of Commerce and Economic Opportunity



State of Illinois
Workforce Investment Act
Equal Opportunity/Nondiscrimination Complaint Form
Local Level

Agency: _____
 LWIA#: _____
 Program Year: _____

Quarterly Report

- July-Aug-Sept 1st Quarter
- Oct-Nov-Dec- 2nd Quarter
- Jan-Feb-Mar – 3rd Quarter
- April-may-June – 4th Quarter

(1) Complaint File #	(2) Date Received/Filed	(3) Name and Address of Complainant and Category	(4) Name and Address of Respondent and Category	(5) Basis of Discrimination Complaint	(6) Action/Issue	(7) Hearing Date Informal/Formal	(8) Date of Results and Final Disposition	(9) Date Referred and to: State/ Federal

Report Submitted By: _____ Date Submitted: _____