

New Mexico Workforce Connection

A Proud Partner of the American Job Center Network

SERVICE COMPLAINT FORM

DATE OF RECEIPT: _____

(For Office Use Only)

Complainant Name: _____ **Phone:** _____

Mailing Address: _____

Other Contact Information (email or alternative phone number):

City/State/Zip Code:

Grounds or Basis of Complaint:

State Complaint: Explain as clearly as possible what happened. Make sure to include dates, places, and times of incident(s) list names and phone numbers of any witnesses. Please attach additional pages if necessary and attach pertinent documents if any. _____

List date(s) and time(s) the incident occurred: _____

Name and location of person(s) against whom complaint is being filed:

Name and Contact Information of Witnesses:

THE WCCNM/NM WORKFORCE CONNECTION OPERATOR, ADMINISTRATOR, OR DESIGNEE WILL BE CONDUCTING A CONFIDENTIAL INVESTIGATION OF THE COMPLAINT(S). DURING THE COURSE OF THE INVESTIGATION CONFIDENTIALITY WILL BE MAINTAINED WITH THE RESPONDENT AND ANY WITNESSES.

CERTIFICATION:

I CERTIFY that the information furnished here is true and accurate to the best of my knowledge. I AGREE TO COOPERATE WITH THE AUTHORITIES CONDUCTING THE INVESTIGATION OF THIS COMPLAINT.

Signature of Complainant: _____

Date: _____

THE FOLLOWING INFORMATION IS OPTIONAL

DEMOGRAPHICS:

PROVIDE YOUR GENDER: _____
(Male/Female)

PROVIDE YOUR DATE OF BIRTH: _____

PLEASE INDICATE WHICH OF THE FOLLOWING APPLY:

- AFRICAN AMERICAN/BLACK
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN
- HAWAIIAN/OTHER PACIFIC ISLANDER
- HISPANIC/LATINO
- WHITE
- OTHER _____

(For office use only)

WCOS User ID or Last Four Digits of Social Security Number:

Signature of Staff Member Taking Complaint: _____

Date: _____

Once the form is complete, submit to Joy Forehand, Operations Manager at jforehand@wccnm.org.