Department of Labor and Industries Apprenticeship Section PO Box 44530 Olympia WA 98504-4530



## APPRENTICESHIP COMPLAINT (Not for Apprentice Appeals)

## Complainant Information: (This form is NOT to be used by Apprentices Appealing Committee Decisions)

Name		Date
Mailing address		Phone
E-Mail:		Fax
City	State	Zip+4

## **Complaint Section:**

Name (i.e. program, committee, training agent, etc)			
Address		Phone	
City	State	Zip+4	
Details of complaint and please be clear and specific to include dates, names, job sites of alleged incidents. (Provide Documentation, if possible, in support of complaint such as affidavits, declarations, payroll, etc.) (continue on separate page)			
Apprenticeship Standards, WAC, or RCW rule(s) violated (if known)			

Complainant's Signature	Date
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