



FORM – 500
Rev. Level: C
February 13, 2009

COMPLAINT FORM

1. **Circle the location where the complainant was accessing services:**

On-Line PA CareerLink Telephone Training Provider Access Site

2. **Circle the service being requested:**

Job Seeker Employer Dislocated Worker Adult Youth Other

3. **Circle the location:**

Clarion Corry Crawford Erie Forest Marienville Venango Warren

4. **Date of incident:** _____

5. **Description of the incident:** _____

6. **Was there a complaint made at the time?** YES NO

7. **What was the result?** _____

8. **Does the complainant think it was handled fairly?** YES NO

9. **What would he/she consider a reasonable resolution?** _____



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10. Would they like to hear from someone at the source? YES NO

Complainant's Name: _____

Address: _____

Phone Number: _____

Action to be taken:

- Provide summary report to provider
- Submit copy of complaint form to provider
- Immediate action

What was the result? _____

Resolution Date: _____

Signature: _____