



Capital Workforce Partners
Complaint Resolution Form – Statement

Complainant Information

Name: First: Last Name:
Address: Phone:
City: State: Zip: Email Address:
Are you an employee of CWP, a contractor or partner agency? Yes No If yes, job title:

Complainant Statement

Briefly describe your complaint. Attach additional sheets, if necessary and any documents pertaining to your complaint.

1. Please explain the basis of your complaint (include location and date):

Blank lines for describing the basis of the complaint.

2. Who was involved? Provide names, titles (if known), program and agency

Blank lines for listing involved parties.

3. Please indicate the policy, regulation or law or contract provision believed to have been violated (if known).

Blank lines for indicating violated provisions.

4. What is your desired outcome or resolution to the complaint?

Blank lines for stating the desired outcome.

I certify that the information provided above is true and accurately stated to the best of my knowledge. I authorize disclosure of this information to enforcement agencies, if necessary, for the proper investigation of my complaint.

Signature of Complainant (or Authorized Representative)

Date

Mail to:

Chief Administrative Officer
Capital Workforce Partners
One Union Place
Hartford, CT 06103



Capital Workforce Partners
Complaint Resolution Form – Decision
Complaint Resolution Form –Statement must be attached

Decision of Capital Workforce Partners, Inc.:

Date: _____

Signature of Respondent

Title

If the complainant is not satisfied with CWP’s decision and wishes to request a hearing, complete the following and **return this form within ten (10) business days**.

If form is not returned, CWP staff will assume the complainant is either satisfied with the decision or if not satisfied, does not wish to pursue a hearing.

I am not satisfied with the decision describe above and wish to request a hearing.

I understand that I will receive a notice for the date and location of the hearing within thirty (30) calendar days of CWP receipt of this request.

Complainant Signature

Printed Name

Date

Mail to:
Chief Administrative Officer
Capital Workforce Partners
One Union Place
Hartford, CT 06103