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

APPRENTICESHIP COMPLAINT

Complainant Information:

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

Do you wish to remain anonymous? YES ☐ NO ☐ **(Disclaimer - Subject to Public Disclosure under RCW 42.17)**

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

Following to be completed by the Apprenticeship Section only:

Tracking number assigned (if needed):	Assigned to for follow-up or investigation (if needed):