



<p>Please complete the following information. You may request assistance from an employee if needed.</p>	
<p>Name:</p>	
<p>Address and e-mail:</p>	
<p>Phone Number:</p>	
<p>Please describe the situation in detail (include the date when incident happened and the name of the person responsible for the discrimination or issue).</p>	
<p>Complete this section IF complaint is related to Discrimination:</p> <p>I feel discriminated on the basis of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex (includes pregnancy, sex stereotyping, transgender, gender identification) <input type="checkbox"/> National origin <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Age (40 and over) <input type="checkbox"/> Disability <input type="checkbox"/> Political Affiliation or belief <input type="checkbox"/> Citizenship Status <input type="checkbox"/> Participation in other WIOA programs <input type="checkbox"/> Other (may be a program issue: customer service, timeliness, etc.) 	
<p>Signature: of the complainant or complainant's authorized representative</p>	
<p>Date:</p>	
<p>You may return this completed form to an employee, submit this form via e-mail to HumanResources@ypic.com, in person or regular mail at 3834 W 16th St. Yuma, AZ 85364</p> <p>You will receive an acknowledgement letter within 5 business days.</p>	