

For L&I Staff Use Only	
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L&I Apprenticeship Consultant	L&I Admin

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



Apprenticeship Complaint

(Not for Apprentice Appeals)

This form is **not** to be used by Apprentices Appealing Committee Decisions.

Complainant Information

Name	Date	Phone Number
Mailing Address		
City	State	Zip Code
Email Address		
Complainant Signature		

Complaint Information

Name (i.e. program, committee, training agent, etc.)	Phone Number
Address	
City	State Zip Code

Apprenticeship standards, WAC, or RCW rule(s) violated (if known):

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Details of complaint and please be clear and specific to include dates, names, job sites of alleged incidents. (Attach documentation, if necessary, in support of complaint such as affidavits, declarations, payroll, etc.)

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