

## Attachment 2 Unified OSCC Customer Complaint Log

NJ Department of Labor and Workforce Development				Unified Workforce Investment System Complaint Log																			
One-Stop Career Center																							
WIB / SDA / OSCC:				Program Year:																			
Complaint Officer:				Quarter Ending:				30-Sep				31-Dec				31-Mar				30-Jun			
Complaint Number	Date Filed	Complainant Name	Respondent Name	Type				MSFW	Status of Complaint				Comments (add pages as needed)	Resolved									
				1	2	3	4		1	2	3	4		1	2	3	4						
				1	2	3	4	YES	1	2	3	4		1	2	3	4						
				5	6	7		NO	5	6	7	8		5	6	7	8						
				1	2	3	4	YES	1	2	3	4		1	2	3	4						
				5	6	7		NO	5	6	7	8		5	6	7	8						
				1	2	3	4	YES	1	2	3	4		1	2	3	4						
				5	6	7		NO	5	6	7	8		5	6	7	8						
				1	2	3	4	YES	1	2	3	4		1	2	3	4						
				5	6	7		NO	5	6	7	8		5	6	7	8						
				1	2	3	4	YES	1	2	3	4		1	2	3	4						
				5	6	7		NO	5	6	7	8		5	6	7	8						
				1	2	3	4	YES	1	2	3	4		1	2	3	4						
				5	6	7		NO	5	6	7	8		5	6	7	8						

**CAREER CENTER COMPLAINT LOG INSTRUCTIONS**

**Complaint Number:** Last two digits of Program Year + consecutive 3 digit ID number. (Example, first complaint of PY 2016 will be: **16-001**, the next **16-002**)

**Type:** Highlight the numeric identifier to indicate complaint type: **1** Career Center Service; **2** Non-Career, **3** Employer; **4** Training; **5** Crime/Fraud/Waste; **6** Discrimination; **7** Apparent Violation

**MSFW:** If complaint is filed by a Migrant/Seasonal Farm Worker highlight **YES**, if not, highlight **NO** (response must be entered, do not leave blank)

**Status of Complaint:** Highlight the numeric identifier to indicate: **1** in process, local; **2** Info Request, local; **3** In-process, State; **4** Info Request, State; **5** Hearing; **6** Enforcement Agency; **7** Appeal to USDOL Regional Administrator; **8**. Remanded to local level

**The appropriate status identifier should be circled on a timely basis as the complaint reaches each new status level.**

**Resolved:** Highlight the numeric identifier to indicate: **1** Local Level; **2** State Level; **3** Hearing Level; **4** Enforcement Agency; **5** Did Not Appeal; **6** Fail to Respond; **7** USDOL Regional Administrator

**COPY MUST BE SUBMITTED TO THE STATE MONITOR ADVOCATE WITHIN 15 DAYS AFTER THE END OF THE QUARTER.**