



www.wrksolutions.com
1.888.469.JOBS (5627)



COMPLAINT FORM

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas: 1.800.735.2989 (TDD) 1.800.735.2988 (voice) or 711

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RESPECTING YOUR RIGHTS IS PART OF OUR JOB

Workforce Solutions is here to provide you with useful, easy-to-access services which result in a successful job search or career transition. Assuring equal opportunity in every program, service and benefit is essential to fulfilling our mission.

Our goal is to ensure that all of our customers feel comfortable and safe at our offices. However, if you find something unsatisfactory about the services at one of our locations, we encourage you to promptly inform the Workforce Solutions office manager. The manager will discuss the matter with you and take the measures necessary in order to reach an amicable solution.

After meeting with the manager, if you are still dissatisfied with our service, please call our main office at **713.627.3200** and ask to speak with a customer service representative for Workforce Solutions, or email us at **feedback@wrksolutions.com**.

If we are unable to resolve the problem for you, please use the attached form to file a written complaint. Complete the form and mail, fax or email it to:

Workforce Solutions
Customer Service Representative
P.O. Box 22777, Houston, TX 77227-2777
Fax: 713.993.4578
Email: feedback@wrksolutions.com

We will contact you with more information after we have received your written comment or complaint.



If you find something unsatisfactory about the services at one of our locations, we encourage you to promptly inform the Workforce Solutions office manager. The manager will discuss the matter with you and take the measures necessary in order to reach an amicable solution.

Workforce Solutions, as a recipient of federal financial assistance, is prohibited from discriminating against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

If you feel that you have been subjected to discrimination under a WIOA Title I financially assisted program or activity, you may file a complaint with the Board Equal Opportunity Officer:

Gulf Coast Workforce Board Equal Opportunity Officer
Sabrina Parras
P.O. Box 22777, Houston, TX 77227-2777
Phone: 713.627.3200 Fax: 713.993.4578
Relay Texas: 800.735.2989 / 800.735.2988 (voice) or 711

You may also contact:
TWC EO Officer, John Greytok
101 E. 15th Street, Room 504, Austin, TX 78778
Phone: 512.463.2400 Fax: 512.463.7804

If you receive Temporary Assistance for Needy Families (TANF) or Financial Aid for Child Care, you may contact:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169, Dallas, TX 75202
Phone: 800.368.1019 or 214.767.4056

If you receive SNAP, you may contact:

U.S. Department of Agriculture Office of Adjudication
1400 Independence Avenue SW
Washington, D.C. 20250
Phone: 202.260.1026 or 866.632.9992

CUSTOMER COMPLAINT FORM

Date of occurrence _____

Office visited _____

Customer Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone number _____

Email _____

Signature _____

Nature of Complaint

State your concerns below. Use back side if needed.



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