

## Complaints and Grievance of a Non-Discriminatory Nature

### Complainant Information

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Name of Complainant (first, middle, last)

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Legal Address (No, St, City, State, Zip)

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Phone Number

Email Address

### Person or entity against whom the complaint is made

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Name of person or entity (first, middle, last)

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Legal Address (No, St, City, State, Zip)

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Phone Number

Email Address

Please state the facts of the alleged violation.

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Participant Signature

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Date

Please submit complaints to:

Greater Nebraska Workforce Development Board  
600 E. Francis, Suite 9  
North Platte, NE 69101  
[NDOL.GreaterNebraska@nebraska.gov](mailto:NDOL.GreaterNebraska@nebraska.gov)