



# COWIB Equal Opportunity and Nondiscrimination Complaint Log

Name: Central Oklahoma Workforce Innovation Board

Date of Complaint	Name of Complainant	Address of Complainant	Status of Complainant	DOL-funded program	Date of Alleged Incident	Grounds (Basis) of Complaint	Description/ Issue of Complaint	Name of Respondent	Is Respondent a recipient? Yes or No	Disposition	Date of Disposition	ADR Yes or No	Complaint Completed By
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	
									YES NO			Yes NO	