

WEST VIRGINIA DIVISION OF LABOR
BUILDING 6 ROOM 749-B
STATE CAPITOL COMPLEX
CHARLESTON, WV 25305
PHONE: (304) 558-7890
FAX: (304) 558-2415
REQUEST FOR ASSISTANCE QUESTIONNAIRE
(Please print in black or blue ink only)

NAME : _____ DATE : _____

ADDRESS : _____ PHONE : _____

JOB TITLE : _____

NAME OF AGENCY TO BE INVESTIGATED : _____

ADDRESS : _____ PHONE _____

DO YOU STILL WORK FOR THIS AGENCY? YES _____ NO _____

COUNTY IN WHICH YOU WORKED (OFFICE LOCATION) _____

HAS COMPLAINT BEEN DISCUSSED WITH YOUR SUPERVISOR? _____

SUPERVISOR'S NAME _____

BRIEFLY STATE COMPLAINT _____

In accordance with § 21-3A-8 (f) (1) of the West Virginia Code, any information relating to the identity of the complainant or other individual employees named in the complaint shall not appear in the copy (of complaint provided to agency) or any record published, released or made available.

Signature _____