

South Central Workforce Development Board (SCWDB)



POLICY: GRIEVANCE AND COMPLAINT POLICY

EFFECTIVE DATE: JULY 1, 2016

POLICY NUMBER: 2016-12

SUBJECT: PROCESSING GRIEVANCES AND COMPLAINTS

PURPOSE:

To ensure customers expressing initial interest in filing a complaint can be assisted by any partner at a South Central workforce career center, affiliate or satellite site and referred to the appropriate contacts. A complaint is defined as a written and signed document alleging violation of Wagner-Peyser, WIOA Title I-A, or Trade Act regulations and /or federal, state, or local nondiscrimination laws.

EFFECTIVE DATE: July 1, 2016

ACTION REQUIRED:

Within 15 days of the receipt of this policy it is the recipient's (e.g., vendors, partners) responsibility to ensure all staff are informed of the policy and to create an internal process to ensure accountability.

BACKGROUND:

Customer complaints, either a program complaint or a discrimination complaint, arising within the South Central one stop workforce system shall be handled in accordance with all applicable laws, policies, organizational agreements, and regional protocols. This policy will be followed by all partners who have signed the Partners Memorandum of Understanding (MOU). In general, complaints arising regarding program services shall be referred to the appropriate organization's designated staff person (i.e., complaint contact) who will make a report regarding the resolution of that complaint to the One-Stop operator.

Complaints arising from customers use of basic career services or non-program services shall be forwarded to the designated SCWDB staff and, if a particular partner employee is involved, their organization's manager, who in turn, shall forward a resolution report to the SCWDB staff designee. If it is a confidential personnel matter, a general statement of resolution will be forwarded. Complaints regarding issues of equal access or equal opportunity shall be forwarded to the EO Officer of the SCWDB, who shall report on the resolution to the SCWDB Director. The attached flow chart outlines the steps that shall be followed when an initial customer complaint is received by the on-site complaint contact. All customers will be immediately assisted in filing a complaint and will be informed of their right to do so. Under no circumstances will staff discourage a customer from filing a written complaint.

POLICY:

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by the WDB will be treated fairly. Signed and dated grievance forms with accurate contact information are included in all participant case files. **See Appendix A for material that must be given to all WIOA program participants upon enrollment.**

EQUAL OPPORTUNITY POLICY

The WDB adheres to the following United States law: "No individual shall be excluded from participation, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any such program because of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or citizenship/status as a lawfully admitted immigrant authorized to work in the United States." See references below.

COMPLAINTS OF DISCRIMINATION

The WDB is prohibited from, and does not engage in, discriminating against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.

The complainant has the right to be represented in the complaint process by an attorney or other representative.

REQUIRED STEPS

The one stop operator will designate an On-Site One-Stop Complaint Contact. The contact will:

- Immediately assists customers interested in filing a complaint.
- Informs customer of their right to file a complaint.
- May resolve the allegation informally if the customer chooses not to file a complaint and the resolution is consistent with locally agreed procedures and applicable program policy/law.
- If the on-site complaint contact is not the Center Manager, determines complaint jurisdiction (e.g., which program partner may be appropriate) if the customer chooses to file a formal complaint.
- Refers customer to Program Complaint Contact or other complaint contact, if appropriate.
- Maintain a Complaint Log.

REFERENCES:

- The Workforce Innovation and Opportunity Act of 2014 P. L. 113-128 USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014 29 C.F.R. § 38.36 effective July 22, 2015.

Approved:

4-19-2017

Date of WDB Approval

4-13-2017

Date of Governance
Committee Approval

Signed by:



Ron Sowell, WDB Chairman

APPENDIX A: WIOA PROGRAM GRIEVANCE PROCEDURES for the Customer

Any participant or other interested party adversely affected by a decision or action by the South Central Workforce Development Board (SCWDB), including decisions by South Central one stop site partners and service partners, has the right to file a grievance/complaint with us. A grievance/complaint may be submitted in writing using the attached form.

An exception to this procedure pertains to complaints alleging unlawful discrimination. The procedure for filing complaints of discrimination is provided below.

The South Central Workforce Development Board and its fiscal agent is an Equal Opportunity Employer and Program Service Provider. As such we are committed to the spirit and letter of all federal, state and local laws and regulations pertaining to equal opportunity. To this end, SCWDB, as a recipient or sub-recipient of Federal financial assistance, does not discriminate against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA) and/or Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA/WIOA Title I-financially assisted program or activity.

Applicants and participants of the WIOA program, including applicants for employment, and employees, have the right to enter into the grievance process to resolve disputes. Complaints and grievances from participants and other interested parties affected by the local Workforce System, including One-Stop partners and service providers may file a complaint/grievance. Complaint/grievances must be filed in writing within 180 days after the alleged WIOA violation took place. Individuals in grievance investigations are protected from retaliation and are permitted to have translators, interpreters, readers and/or a representative of their choice during the grievance process. The grievance procedures are as follows:

If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the South Central WDB, WIOA Equal Opportunity Officer, Regina Jackson. Contact by email, rjackson@elpolaw.com.

OR

Complaints may also be filed with the state administrative agency, the **Kentucky Commission on Human Rights (KCHR)** or the federal administrative agency, the **Equal Employment Opportunity Commission (EEOC)**. The two agencies have what is called a "work-sharing agreement," which means that the agencies cooperate with each other to process claims. Filing a claim with both agencies is unnecessary, as long as you indicate to one of the agencies that you want it to "cross-file" the claim with the other agency.

To file a claim with the **KCHR**, contact its office below. More information about filing a claim with the KHRC can be found at the [KCHR Website](#)

Kentucky Commission on Human Rights

332 W. Broadway

Floor 14

Louisville, KY 40202

Phone: (502) 595-4024

Toll-Free: (800) 292-5566

TDD: (502) 595-4084

Fax: (502) 595-4801

Northern Kentucky Office

20 West Pike Street, Room 108

Covington, KY 41011

Phone: (859) 292-2935

Fax: (859) 292-2938

To file a claim with the EEOC, contact your local EEOC office below. More information about filing a claim with the EEOC can be found at <http://www.eeoc.gov/facts/howtofil.html>.

EEOC -- Louisville Area Office

600 Dr. Martin Luther King Jr. Place

Suite 268

Louisville, KY 40202

Phone: (502) 582-6082

TTY: (502) 582-6285

OR

A complainant may file directly with the Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Or at the website below: <http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>.

Furthermore, the USDOL Civil Rights Center provides a complaint form which should be utilized, if sending a discrimination-based complaint, and can be found at the website detailed above.

COMPLAINTS OF FRAUD, ABUSE OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644. There is no charge for this call.

ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)

All other complaints must be filed within one-hundred eighty (180) days after the act in question by first submitting a written request for resolution to:
South Central WDB, Regina Jackson, rjackson@elpolaw.com

Complaints filed with SCWDB must contain the following:

- A. The full name, telephone number, email (if any), and address of the person making the

- complaint.
- B. The full name, address and email of the person or organization against whom the complaint is made.
 - C. A clear but brief statement of the facts including the date(s) that the alleged violation occurred, including the identification of all relevant parties.
 - D. Relief requested.
 - E. Complainant's signature and date.

To file a complaint/grievance with the WIOA program provider, please use the grievance form below. Complaints/grievances must be filed in writing within 180 days after the alleged violation took place. A decision must be made within 60 days from the date the complaint/grievance is filed with the local program.

Complaints/grievances filed with SCWDB, will be acknowledged within 5 business days. SCWDB will schedule an informal hearing within 15 business days with the complainant/grievant and representative when applicable to attempt to resolve the matter. The SCWDB WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved to bring about a resolution as soon as possible. This will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution. If the complaint has not been resolved to the satisfaction of the complainant within thirty (30) days, the SCWDB WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within 60 days of grievance filing.

In either case, SCWDB will issue a written decision within 20 days and send a copy of the decision to the local grant recipient/fiscal agent.

Federal appeals must be made within 30 calendar days of the receipt of the local or State decision. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until and unless the proper, formal procedure has been followed.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

WIOA PROGRAM GRIEVANCE FORM

If you need help completing this form, please contact

Equal Opportunity Coordinator Regina Jackson (SCWDB)	Phone (Voice) (270) 781-6500	Phone (TTY) XXXX
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Name of Individual filing the Grievance	Phone Number () ____ - ____
Address (number, street, city, state, zip code)	

Basis for Service Complaint/Grievance: Please describe the action or treatment which you think was inappropriate. Please include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the dates of the last incident. You may write this on another sheet of paper if you need more room.

Name of the Program, Employee or Employer Against Whom the Grievance is Filed	
Outline what you think should be done to address/correct this issue.	
Signature of Grievant or Grievant Representative	Date
Signature of Individual Receiving the Grievance	Date
Action taken by Department/Unit Lead <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status	

Action taken by EO Officer <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status
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**WIOA PROGRAM
GRIEVANCE FORM ACKNOWLEDGEMENT**

I, _____, acknowledge and attest that I have
[Print Name]

received a copy of the Grievance and Complaint Policy from _____, on
[Staff Name]

[DATE]

Individual's Signature

Date

Staff Signature

Date