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#### Western Wisconsin Workforce Development Board

#### WIOA PROGRAM SERVICES GRIEVANCE PROCEDURE

Applicants and participants of the WIOA Adult, Dislocated Worker, and Youth programs, including applicants for employment, and employees, have the right to enter the grievance process to resolve disputes. This process does not apply to complaints of discrimination. Discrimination complaints are initiated using the Discrimination Complaint Form which can be requested from the WDB Equal Opportunity (EO) Officer. Complaints and grievances from participants and other interested parties affected by the local Workforce Innovation System, including One-Stop partners and service providers may file a complaint/grievance using this process. Complaint/grievances must be filed in writing within one year 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 procedure is as follows:

* Complainant/grievant may file their grievance at the local service provider level, local Workforce Development Board level, State DET Equal Opportunity Officer's level or at the Federal Department of Labor (DOL) level.
* Complainant/grievant must be provided the opportunity for an informal resolution including hearing appeals filed at the next level must be completed within 60 days from the date grievance or complaint is filed. A hearing on each complaint or dispute must be conducted within 30 days of the filing of the complaint or dispute.
* Individuals alleging a labor standards violation may submit the grievance to a binding arbitration procedure if a collective bargaining agreement covers the parties to the grievance.
* Grievances and appeals may be filed at the State DWD – DET Administrator level when a complainant/grievant does not receiving a decision within 60 days; or when the either the local WDB level or DET level decision received is unsatisfactory.

**Participants in the WIOA Adult and Dislocated Worker or WIOA Youth Programs may file a complaint with the Western Wisconsin Workforce Development Board Equal Opportunity (EO) Officer.** To directly file a complaint, or to file an appeal within 5 business days after the adverse decision occurred, file the complaint with the local WDB EO Officer by completing the attached grievance form and submitting to:

Melisa Myers, EO Officer

Western Wisconsin Workforce Development Board

2615 East Avenue South

La Crosse, WI 54601

(608) 789-5499 (Voice)

(608) 789-6046 (Fax)

Wisconsin Relay (711)

 myersm@westernwdb.org

The WDB EO Officer will acknowledge the grievance within 5 business days of receipt of the grievance form or within 5 business days from the date the appeal is received. The WDB EO Officer will schedule an informal hearing within 15 business days to attempt to resolve the grievance. The WDB EO Officer will issue a written decision within 20 days from the date the appeal is received. Complainants who are not satisfied with the results of the WDB decision may appeal at the State level.

Complainants/grievant who receive an adverse decision within 60 days or no decision at all, and who are appealing or filing their complaint/grievance at the State, Division of Employment and Training, Administrator must file their complaint/grievance or appeal within 10 days from the date the decision is received or date the decision was due. The complainant must file the appeal within 10 calendar days after the complainant received the decision. If the complainant did not receive a decision, the complainant must file the appeal within 15 calendar days after the decision was due to:

Administrator

Division of Employment and Training

201 E. Washington Ave.
Madison, WI 53703
PO Box 7972, Madison, WI 53707

608-266-0327 (Voice)
608-261-8506 (Fax)

Upon receiving a local complaint/grievance that has been filed or appeal to the state level, the DET Administrator on behalf of the Governor will review the case and issue a final decision within 30 calendar days after the appeals was filed.

Complaints/grievances alleging that the DET Administrator, on behalf of the Governor has not issued a decision within 60 days after a complaint is filed or the party to such decision received an adverse decision may file an appeal to the Secretary of Labor. The Secretary shall make a final determination no later than 120 days after receiving such an appeal. Appeals submitted to the Secretary of Labor must be submitted by certified mail, return receipt requested, to the:

Secretary, U.S. Department of Labor

Attention: ASET

Washington, DC 20210

Grievances and complaints alleging discrimination brought under WIOA Section 188 and 29 CFR Part §38 must be handled according to the procedures described in the discrimination complaint policies and procedures section. Discrimination complaints can be filed at the local service provider level with the respective EO Officer, the Western Wisconsin Workforce Development Board EO Officer, the State level with the State EO Officer, or the federal level with the Department of Labor Civil Rights Center. Contact information for these individuals at each level is found at the end of this document. Discrimination complaints must be filed within 180 days from the date the violation occurred. The complaint must be investigated, and a final decision issued within 90 days from the date the complaint was filed.

Complaints or grievances may be filed when the grievant/complainant believes it to be discrimination related to: age; race; color; religion; sex (sexual identity, sexual expression, sex stereotyping, pregnancy ); national origin; political belief or affiliation; or disability and against any beneficiary of programs financially assisted under Title VI of the WIOA on the basis of the beneficiary's citizenship/status; as a lawfully admitted immigrant authorized to work in the United States; or his or her participation in any WIOA Title-I financially assisted program/activity. Discrimination complaints must be filed within 180 days from the date the violation took place. Investigations and decision must be issued within 90 days from the date the complaint was filed. Complainants have the option to file a discrimination complaint at the local service provider level, local WDB level, State DET-EO Officer level or with the DOL Civil Rights Center, Director. Contact information for these individuals at each level is found at the end of this document

Complaints involving criminal fraud, waste, abuse, or other criminal activity may be reported immediately through the Department's Incident Reporting System to the DOL Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue N.W., Washington, D.C. 20210, or to the corresponding Regional Inspector General for Investigations, with a copy simultaneously provided to the Employment and Training Administration. The Hotline number is 1-800-347-3756.

If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact Melisa Myers, 608-789-5499, myersm@westernwdb.org or Wisconsin Relay 711.

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| **PROGRAM** | **AGENCY** |
| Local Workforce Development Board, Equal Opportunity OfficerState DWD-DET Equal Opportunity Officer | **Melisa Myers, EO Officer****Western Wisconsin Workforce Development Board**2615 East Avenue SouthLa Crosse, WI 54601(608) 789-5499 (Voice)Wisconsin Relay (711)**myersm@westernwdb.org****Equal Opportunity Officer****WI Department of Workforce Development**201 E. Washington Ave, Room G100P.O. Box 7972Madison, WI 53707-7972608-266-6889 (voice)866-275-1165 (tty) |
| **You also have the right to file a formal complaint with a federal agency.** |
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| Department of Labor, Civil Rights Center DirectorFormal Discrimination Complaint about any program.State DWD Division of Equal RightsFederal Equal Employment Opportunity Commission | **Director, Civil Rights CenterATTENTION: Office of External Enforcement**U.S. Department of Labor200 Constitution Avenue, N.W., Room N-4123Washington, DC 20210Faxed to (202) 693-6505 Emailed to: **CRCExternalComplaints@dol.gov****Coordination and Review Section - NWBCivil Rights Division**U.S. Department of Justice950 Pennsylvania Avenue, NWWashington, D.C. 20530888-848-5306 - English and Spanish (ingles y español) 202-307-2222 (voice)202-307-2678 (TDD)**Title VI Hotline:**1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)**Disability Complaints:****U.S. Department of JusticeCivil Rights Division**950 Pennsylvania Avenue, NWDisability Rights Section - NYAVWashington, DC 20530800-514-0301 (voice)800-514-0383 (TTY) (also in Spanish)**Division of Equal Rights**201 E Washington, Ave.Room A-100PO Box 8928Madison, WI 53708608-266-6860 (Voice)608-264-8752 (**TTY)**608-267-4592 (**Fax)**E-Mail: **erinfo@dwd6.wisconsin.gov****Equal Employment Opportunity Commission**Reuss Federal Plaza310 West Wisconsin Avenue, Suite 500Milwaukee, WI 53203-2292 Phone: 1-800-669-4000 Fax: 414-297-4133 TTY: 1-800-669-6820 |
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 **WIOA PROGRAM**

**GRIEVANCE FORM**

**If you need help completing this form, please contact the Equal Opportunity Officer with whom you are filing a complaint.**

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| Name of Individual filing the Grievance       | Phone Number(     )       |
| Address (number, street, city, state, zip code)      |

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| **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. In the space below, please indicate the number of pages attached if you need to add more pages.      |

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| 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 [ ]  Grievance Resolved: If so, how and date.      [ ]  Grievance Unresolved: Please outline status       |

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| Action taken by EO Officer [ ]  Grievance Resolved: If so, how and date.      [ ]  Grievance Unresolved: Please outline status       |

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**WIOA PROGRAM**

**GRIEVANCE FORM ACKNOWLEDGEMENT**

I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge and attest that I have received a

 *(Print Name)*

copy of the WIOA Program Grievance Procedures and Form.

Individual’s Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date      \_\_\_\_\_\_\_

Staff Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date      \_\_\_\_\_\_\_

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**Babel Notice**

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin Workforce Development Board (WDB) and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not access English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.
**English** IMPORTANT! There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5499 at no cost to you.
**Español** ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5499 sin costo alguno para usted.
**Deutsch** WICHTIG! Es gibt Dokumente, die wichtige Informationen über WIOA-Schulungsdienste enthalten; wie man sich für Ausbildungsdienste bewirbt; und Ihre Rechte, Pflichten und/oder Vorteile. Es ist wichtig, dass Sie die Informationen in diesen Dokumenten verstehen. Sie können telefonische Übersetzungshilfe für alle Dokumente erhalten, indem Sie (608) 789-5499 kostenlos anrufen.

**Hmoob** TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-5499 yam tsis tau them nqi rau koj.

**Accommodation Requests**

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the WWWDB office for such requests.

**Wisconsin Relay (7-1-1)**

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit [www.wisconsinrelay.com](http://www.wisconsinrelay.com/).
**EO Tagline**
Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Melisa Myers, Equal Opportunity Officer, at 608-789-5499 or myersm@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

This workforce product was funded by a grant awarded by the U.S. Department of Labor’s Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.