

WIOA PROGRAM GRIEVANCE PROCEDURES

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 Innovation System, including One-Stop partners and service providers may file a complaint/grievance. 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 procedures are 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 is NOT required to file their grievance at the local level first. Complainant /grievant can choose to file at any level listed below. 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. 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 local WDB level decision received is unsatisfactory.

To file a complaint/grievance with the WIOA program provider, please use the grievance form outlined below. Complaints/grievances must be filed in writing within one year 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 Workforce Connections, Inc. (WCI), will be acknowledged within 5 business days. WCI will schedule an informal hearing within 15 business days with the complainant/grievant and representative when applicable to attempt to resolve the matter. WCI will issue a written decision within 20 days and send a copy of the decision to the local WDB. Grievant/complainants who do not receive a decision from WCI within 20 days or who received an adverse decision may file an appeal at the local WDB level.

Workforce Connection, Inc.

Gina Brown, EO Officer
Workforce Connections, Inc.
2615 East Avenue, South, Suite 103
La Crosse, WI 54601

Upon receipt of the complaint/grievance form, the Workforce Connections, Inc. (WCI) Equal Opportunity (EO) Officer will contact the respective Western Wisconsin Workforce Development Board, Inc. EO Office responsible, to inform them of the complaint/grievance. The WCI EO Officer will conduct an informal hearing or arrange a meeting with the complainant/grievant within 5 business days and attempt to resolved the matter informally. If the WCI EO Officer resolves the matter informally, the EO Officer will issue a decision in writing and the matter is closed. If the matter is not resolved to the satisfaction of the complainant/grievant, the complainant/grievant may filed an appeal with the local Workforce Development Board EO Officer. The appeal must be filed in writing within 5 business days after the adverse decision was received or if no decision is received with the local WDB EO Officer, at:

Julie Mitchell, EO Officer
Western Wisconsin Workforce Development Board
2615 East Avenue South
La Crosse, WI 54601
(608)-785-4589 (Voice)
(608)-789-5598 (Fax)
Wisconsin Relay (711)
MitchellJ@Westernwdb.org

The WWDDB EO Officer will within 5 business days from the dated the appeal is received, schedule a meeting or hearing with the complainant/grievant to resolve the matter and issue a written decision within 20 days from the date the appeal is received.

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 filed their complaint/grievance or appeal within 10 days from the date the decision is received or date 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 nondiscrimination brought under WIOA Section 188 and 29 CFR Part §38. Such complaints must be handled according to the procedures described in the discrimination complaint policies and procedures section. Discrimination complaints can be filed at the local Workforce Connections, Inc. with the EO Officer, Western Wisconsin Workforce Development Board, EO Officer, or at the State level with the EO Officer. 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; 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, Sate DET-EO Officer level or with the DOL Civil Rights Center, Director.

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.

**WIOA PROGRAM
GRIEVANCE FORM**

If you need help completing this form please contact one of the individuals listed above:

Equal Opportunity Coordinator	Phone (Voice)	Phone (TTY)
-------------------------------	---------------	-------------

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

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

**WIOA PROGRAM
GRIEVANCE FORM ACKNOWLEDGEMENT**

I, _____, acknowledge and attest that I have received a
(Print Name)

copy of the WIOA Program Grievance Form.

Individual's Signature _____ Date _____

Staff Signature _____ Date _____