

**Capital Region Workforce Development Board
Administrative Policy 103**

Grievance and Complaint Policy and Procedures

Purpose

This policy sets forth the procedures to address grievances or complaints by local workforce area staff, service providers, partners, and customers.

This policy does not address the procedures for processing complaints alleging discrimination under the Workforce Innovation and Opportunity (WIOA). Such complaints must be handled in accordance with the procedures set forth in Administrative Policy 102. Questions about or complaints alleging a violation of the nondiscrimination provisions of WIOA should be directed to local EO Officer identified in said policy.

Policy

This grievance and complaint procedure applies to alleged violations of the requirements of WIOA and/or provisions of any related WIOA agreement.

These grievances or complaints may be submitted by applicants, participants and other interested parties who may be affected by Capital Region Workforce Development Board (WDB), inclusive of staff, Workforce Center partners, service providers, and customers.

The WDB shall provide these grievance and complaint procedures to applicants, participants, workforce partners, service providers, and other interested parties that may be affected by the workforce system. Reasonable efforts shall be made to ensure that potentially affected parties, including youth and persons who have limited English proficiency, can understand the policy and the procedures for filing complaints and grievances.

Definitions:

The following terms, when used in this policy, have the following meanings unless the context clearly indicates otherwise:

Complainant – an individual, group or agency that files a formal complaint alleging violation of the WIOA and/or provisions of a related agreement.

Direct Recipient – any person or governmental department, agency or establishment that receives WIOA funds through the WDB in order to carry out WIOA programs, but does not include individuals who are the beneficiaries of such programs.

Grievant – an individual, group, or agency that files a formal grievance alleging violation of the WIOA and/or provisions of a related agreement.

Participant – an individual who has been determined to be eligible to participate in and who is receiving services (except follow-up services authorized under the WIOA) under a program

authorized by the WIOA. Participation commences on the first day, following determination of eligibility, on which the individual begins receiving subsidized employment, training or other services provided under WIOA.

Applicant- an individual who applies for participation in a WIOA program or service

How to File a Grievance or Complaint

Grievances and Complaints must be directed to:

Brian Davis, Director
Capital Region Workforce Development Board
1001 N. Laburnum Ave., Suite B
Henrico, VA 23220

Who Can File a Grievance or Complaint

Examples of who may file a grievance or complaint include the following:

1. Applicants and/or registrants for aid, benefits, services or training,
2. Eligible applicants/registrants,
3. Participants,
4. Employers,
5. Applicants for employment under WIOA,
6. Service providers; **or**
7. Eligible service providers.

The Timeline for Filing Grievances and Complaints

Each grievance or complaint must be filed, in writing, **within 30 calendar days** of the alleged violation of WIOA Regulations/Requirements and must contain the following information (**see Attachment A**):

1. The name, address and phone number of the person filing the grievance or complaint;
2. The date of the alleged violation or situation and the date the grievance or complaint was filed;
3. The identity of the respondent (i.e. the individual or entity against whom the grievance or complaint is alleged);

4. A description of the allegations. This description must include enough detail to allow the reviewer to decide whether the allegations, if true, would violate any of the provisions of WIOA; and
5. The signature of the person filing the grievance or complaint.

Notice of Determination

Once the investigation is complete and a decision has been reached, a Notice of Determination shall be sent to the grievant/ complainant. The WDB has a maximum of 30 calendar days to conduct an investigation of the allegations and offer a response.

The Notice of Determination shall contain the following information:

1. WDB's decision and the reasons supporting the decision;
2. A brief description of the investigative process used to reach the decision;
3. A notice that, if dissatisfied with the decision, the grievant/ complainant may appeal to the Commonwealth of Virginia **within 10 business days** of receipt of the Notice of Final Action.

Record Keeping Requirements

Records regarding grievances and complaints shall be maintained for at least three years from the date of resolution of the grievance or complaint. All records shall include the following:

1. The name and address of the grievant or complainant;
2. A description of the grievance or complaint;
3. The date the grievance or complaint was filed;
4. The disposition (final action);
5. The date of disposition of the grievance or complaint; and
6. Any other pertinent information

To the maximum extent allowed by law, the identity of any person who has furnished information relating to, or assisting in, an investigation of a possible violation of the WIOA shall be kept confidential. The information may only be used for purposes of:

1. Record keeping and reporting;

2. Determining the extent to which an entity is operating its WIOA-funded programs in accordance with WIOA regulations, policies, and procedures; or
3. Other use authorized by the nondiscrimination and equal opportunity provisions of WIOA.

Effective July 1, 2015

To be used by Enrollees, Applicants for Services, Vendors and Potential Vendors of the Resource Workforce System.

Date Grievance Filed

Date of Alleged Violation:

Complainant Information

Your Name (Complainant) – Please print above with ink or type above

Street Address

City/State/Zip

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Home Phone and area code

Business Phone and area code

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Fax Number and area code

Alternate Contact Information

Complainant Details

Agency/Organization and/or person against whom the grievance or complaint is alleged:

Name _____

Agency/Organization/Department/Individual _____

Street Address _____

City/State/Zip _____

Phone Number of Agency _____

Date of occurrence _____

Detailed Description of the Allegations (use additional sheets as necessary).

What remedy do you wish to obtain by filing this complaint? (use additional sheets as necessary).

I affirm the above information is true to the best of my knowledge, information and belief.

Complainant's Signature _____ Date _____

Delivery Method for Complaint (check one):
 Walk-In Mail Fax Email

Date Received at Resource:
 Taken By:

Mo.	Day	Year