Workforce Innovation and Opportunity Act (WIOA) Policy

PROGRAM COMPLAINT AND DISCRIMINATION PROCEDURES POLICY

POLICY NUMBER: 2013-02, Modification 3

EFFECTIVE DATE: 3-3-2016
MODIFICATION DATE: 7-17-19

APPROVED BY

[Signature]

Clyde McQueen, President/CEO
Full Employment Council, Inc.,
Strategic Workforce Organization/Fiscal Agent
Kansas City and Vicinity Workforce Development Board

INQUIRIES
Questions about this Issuance should be addressed by email to Latrina Collins, Director of Planning, at lcollins@feckc.org, who shall disseminate the agency response after consulting with Full Employment Council Officers.

PURPOSE
This issuance is to address the process by which all discrimination and all program complaints must be processed.

BACKGROUND
The Workforce Development Board must be in compliance with State and Federal regulation as it relates to the Workforce Innovation and Opportunity Act. Mandatory training is required for all staff concerning nondiscrimination of FEC/Missouri Career Center employees and participants by implementing sound Equal Opportunity program and workplace practices and to provide all staff with the information they need to avoid discrimination and provide information to comply with Federal EEO laws. This modification updates Grievance and Equal Opportunity forms. This Issuance is based upon Missouri Division of Workforce Development Issuance 16-2017, Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints and Grievances, and Missouri Division of Workforce Development Issuance 09-2012, Workforce Investment Act Complaint Resolution Policies.
TABLE OF CONTENTS

Policy ........................................................................................................................................... 2
I. Program Complaint Procedures .......................................................................................... 2
   A. General Program Complaints .................................................................................... 2
   B. Complaints from Persons with Disabilities ............................................................... 3
   C. Resolution Process .................................................................................................... 3
   Program Complaint Form ............................................................................................... 5
   D. Diagram of Program Complaint Process .................................................................. 7
II. Compliance with Equal Opportunity and Discrimination Laws ......................................... 8
III. Discrimination Complaint Procedures ............................................................................ 8

Attachment A: Missouri Division of Workforce Development Issuance 16-2017, Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints and Grievances

Attachment B: Missouri Division of Workforce Development Issuance 09-2012, Workforce Investment Act Complaint Resolution Policies
POLICY

I. PROGRAM COMPLAINT PROCEDURES

Every recipient of funds under Title I of the Workforce Innovation and Opportunity Act (WIOA) must maintain a written procedure for grievances and complaints in accordance with 20 CFR 667.600, et seq. As such, this policy will govern the Division of Workforce Development’s (DWD) processing of WIOA complaints and grievances.

General Program Complaints may be made up to one (1) year from the date of the event or condition alleged to be a violation of WIOA. The appropriate resolution process to be followed depends on the nature of the complaint. General WIOA complaints fall into the following two categories:

1. Complaints involving local WIOA programs, agreements, or local Workforce Development Board policies and activities; or
2. Complaints involving State WIOA policies, programs, activities, or agreements.

If FEC does not have the jurisdiction of a program complaint then the complainant will be referred to the appropriate entity (e.g. Family Services Division (Food Stamps), Division of Workforce Development (Unemployment Insurance) etc.

A complaint may be amended or withdrawn at any time prior to a scheduled hearing.

The Local WIOA Equal Opportunity (EO) Manager who processes a WIOA Program Complaint will keep information that could lead to the identification of the person filing the complaint confidential, to the extent practical. The identity of any person who furnishes information related to, or assisting in, and investigation will also be kept confidential to the extent possible.

FEC and its One-Stop partners will not discharge, intimidate, retaliate, threaten, coerce, or discriminate against any person because such person files a complaint, opposes a prohibited practice, furnishes information, assists, or participates in any manner in an investigation or hearing.

A. General Program Complaints

Included in the body of this Issuance is the General Program Complaint Form that will be used as a complaint intake tool. Any complaint received in writing will be accepted and handled in the same manner as if it were made on the General WIOA Complaint Form. The log shall include: the name and address of the complainant; the basis for the complaint; a description of the complaint; the disposition and date of disposition of the complaint; and any other pertinent information.

The procedures are as follows:

Who may file a complaint concerning programming with WIOA Title I?

Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIOA programs, agreements or Workforce Development Board policies and activities.
B. Complainants with Disabilities

Complainants by persons with disabilities will be accommodated as needed so that they may file complaints. Alternate formats will be used on request to notify the complainant of hearings, results, and any other written communication. Auxiliary aids and services, such as deaf interpreters or assistive listening devices, on request for negotiations, hearings and any other meetings where aural communication occurs. An accessible location will be used for hearings and other meetings on request.

_Time and Place for Filing?_
Complaints may be filed with the local administrative entity or the service provider within one (1) year from the date of the event or condition alleged to be a violation of WIOA (365 days).

C. Resolution Process

_Initial Review:_ Step One - If the complaint alleges a violation of any statute, regulation, policy, or program that is not governed by WIOA, the WIOA EO Manager or service provider may refer the complaint to the appropriate organization for resolution. In such cases, the local administrative entity or service provider will notify the complainant of the referral.

Once the local WIOA EO Manager or the service provider receives the complaint from the complainant or the complainant’s designated representative, the FEC will log the complaint. The local WIOA EO Manager or service provider will then establish a complaint file containing the following:

1. Application and enrollment forms;
2. Completed General WIOA Complaint Form (or complainant’s written statement);
3. Chronological log of events or conditions alleged to be a violation of WIOA;
4. Any relevant correspondence; and
5. Record of the attempted informal resolution

_Informal Resolution:_ Step Two - The local WIOA EO Manager or service provider will attempt to informally resolve the complaint to the satisfaction of all parties. The informal resolution process must be completed within ten (10) business days from the date the complaint is filed. If all parties are satisfied, the complaint is considered resolved, and the terms and conditions of the resolution must be documented in the complainant’s file. The local administrative entity will review the complaint file and investigate it further if necessary.

_Formal Resolution:_ Step Three - When an informal resolution is not possible, the local WIOA EO Manager will issue a determination within twenty (20) calendar days from the date the complaint was filed. If the complainant does not request an appeal of the determination, the complaint is considered resolved, and the local administrative entity or
service provider will document this in the complaint file. Any party dissatisfied with the
determination may request a hearing within seven (7) calendar days of the date of the
determination.

Hearing: Step Four - A complainant may amend or withdraw his or her complaint at any
time period prior to a scheduled hearing. If the complaint is not withdrawn, the local WIOA
EO Manager will designate a hearing officer to ensure the complaint receives fair and
impartial treatment. The hearing must be conducted within forty-five (45) calendar days
from the date the complaint was filed. The hearing officer will schedule a formal hearing
and mail a written notice to the complainant, the respondent, and any other interested party
at least seven (7) business days prior to the hearing.

The notice will include the date, time, and place of the hearing. Parties may present
witnesses and documentary evidence, and question others who present evidence and
witnesses. The complainant may request that records and documents be produced.
Attorneys or any other designated representative(s) may represent each party. All
testimony will be taken under oath or affirmation. The hearing will be recorded either in
writing or by audiotape.

The hearing officer’s recommended resolution will include a summary of factual evidence
presented during the hearing and the conclusions upon which the recommendation is based.
The hearing officer will also concur with the chief local elected official (CLEO) toward
reaching consensus on the recommended resolution to the complaint. If consensus cannot
be reached, the hearing office will initiate a request to the state for resolution.

Final Decision: Step Five - The local administrative entity will review the recommendation
of the hearing officer and issue a final decision within sixty (60) calendar days from the
date the complaint was filed.

Appeal: Step Six - Any party dissatisfied with the local administrative entity’s final
decision, or any party who has not received either a final decision or a resolution within
sixty (60) calendar days from the date the complaint was filed, may request an appeal. The
appeal must be received by the DWD within ninety (90) calendar days from the date the
complaint was filed at the following address:

Missouri Division of Workforce Development
State WIOA Complaint and Grievance Office
Danielle Smith, State WIOA Complaint and Grievance Officer
421 E. Dunklin Street
Jefferson City, MO 65101-1087

DWD will review the complaint file, the hearing record, and all applicable documents and
issue a final decision on the appeal within thirty (30) calendar days from the date the appeal
was received.
Full Employment Council (FEC) / Workforce Innovation Opportunity Act (WIOA)

Program Complaint Form

General WIOA complaints fall into the following two categories:

1. Complaints involving local WIOA programs, agreements, or local Workforce Development Board policies and activities; or
2. Complaints involving State WIOA policies, programs, activities, or agreements.

Complaint (person filing the complaint)

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

Complainants with disabilities will be accommodated during the complaint process. If an accommodation is required in communication or accessibility of location, please indicate the kind of accommodation required, e.g. accessible location, deaf interpreter (please indicate type of sign language), notification of results and/or hearing dates in alternative format such as Braille, large print or cassette.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

Location of office where the complaint occurred.
Respondent (person/entity complaint filed against)

Provide a clear and brief statement of the facts. Include relevant dates that will assist in the investigation and resolution of the complaint. If additional space is needed, use reverse side of this form or attach additional sheets.

The above information is true and correct to the best of my knowledge.
The Full Employment Council is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
Diagram of FEC Program Complaint Process

Program Complaint Received by Program Operator

0 days

The EEO Officer has 7 days from receipt of the grievance to investigate and provide a written decision to the 1) complainant 2) respondent 3) Local EO Manager.

7 days

If program operator unsatisfactorily resolves the grievance, the complainant has 5 days from the receipt of the written decision to request an impartial hearing and review of that decision.

30 days

If impartial hearing is requested then the Program Operator must ensure that a qualified hearing officer conducts an impartial hearing within 30 days of the original receipt of the grievance.

The complainant and respondent (if not the program operator) will be provided a written notice of the 1.) Date 2.) Time 3.) Place of the hearing and all parties will have the opportunity to present evidence and to be represented by an attorney or other individual of his/her choice.

60 days

The qualified hearing officer is to present a written decision within 60 days of the original receipt of the written grievance to the program operator who in turn, issues a decision to the Complainant/respondent

10 days

Still not resolved? STATE REVIEW.
Complainant must submit for State Review and be received by DWD within 10 days after written decision from program director or within 15 days this written decision should have been made.

Notice of Final Action

60 days

DWD will respond to all parties within 60 days of receiving the request for a state review.
For more information on the references for this reference sheet please refer to the following: 29 CFR 37.25(d); and 37.70-37.80. See also 37.7(e)] or follow the link provided below http://www.dol.gov/oasam/programs/crc/citations.html#29cfr37-25-d

II. COMPLIANCE WITH EQUAL OPPORTUNITY AND DISCRIMINATION LAWS

The Workforce Development Board will full comply with the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act, including the Nontraditional Employment for Women Act of 1991; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended, Title IX of the Education Amendments of 1972, as amended, and the Americans with Disabilities Act, as amended, and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR part 34, and incorporate this language into all service contracts and agreements.

III. DISCRIMINATION COMPLAINT PROCEDURES

The Workforce Development Board will follow the Missouri Division of Workforce Development Issuance 16-2017, Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints and Grievances, and Missouri Division of Workforce Development Issuance 09-2012, Workforce Investment Act Complaint Resolution Policies, which outline the dissemination of notices and complaint resolution practices. Forms provided in the body of this Issuance shall be utilized for receiving complaints.
Attachment A:

Missouri Division of Workforce Development Issuance 16-2017,

Disseminating Notices for Equal Opportunity Complaints and

WIOA Complaints and Grievances
Missouri Division of Workforce Development
DWD Issuance 16-2017

Subject: Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints & Grievances

1. Purpose: This Issuance updates, supersedes, and rescinds previous guidance\(^1\) identifying who must receive notification of the right to pursue complaints or grievances related to Equal Opportunity (EO) issues or programmatic delivery of programs and services. This Issuance identifies those persons from whom workforce staff must obtain and retain a signed acknowledgement of notification of those rights. It also incorporates changes in federal and State laws, regulations, and policies that have become effective since the previous guidance. At a future date, the final, adopted version of Missouri’s *Nondiscrimination Plan*\(^2\) (formerly known as the *Methods of Administration*) will incorporate the guidance in this Issuance.

2. Background: The regulations\(^3,4\) implementing the Section 181(c)\(^4\) [Grievance Procedure] and the Section 188\(^4\) [Nondiscrimination] provisions of the Workforce Innovation and Opportunity Act (WIOA)\(^7\) require recipients to provide initial and continuing notification of their rights to all parties to WIOA-funded Title I activities. This includes:

- Registrants, applicants, and registrants and applicants for whom an eligibility determination has been made;
- Participants;
- Applicants for employment and employees;
- Unions or professional organizations that hold collective bargaining or professional agreements with the recipient;
- Recipients that receive WIOA Title I financial assistance; and
- Members of the public, including those with impaired vision or hearing and those with limited English proficiency.

---

\(^1\) DWD Issuance 01-2014-C1, “Equal Opportunity and Complaint & Grievance, Notice and Dissemination, Change 1,” July 22, 2014 [herein rescinded].

\(^2\) 29 C.F.R. 38.54.

\(^3\) 20 CFR 683.600, “What local area, State, and direct recipient grievance procedures must be established?”


\(^5\) 29 U.S.C. 3241(c).

\(^6\) 29 U.S.C. 3248.

\(^7\) Pub. L. 113-128 [29 U.S.C. 3101 et seq.].

\(^8\) 29 CFR 38.34(a). Per its authority under 20 CFR 683.600, the State of Missouri identifies these same parties as requiring notification of the right to file WIOA programmatic complaints or grievances.
The notifications must contain the regulation-prescribed language and requirements\(^9\) as shown in Attachment 1, and must include the contact information for the Local Workforce Development Area (LWDA) EO Officer as well as the State EO Officer. The Local and State EO Officers are responsible for ensuring compliance with the 20 CFR Part 683.600 and 29 CFR Part 38 regulations, and are the designated recipients for WIOA EO and programmatic complaints and grievances.

The scope of these rules is limited to programs and activities operated by a recipient, including a one-stop partner, to the extent that the employment is in the administration of, or in connection with, programs and activities financially assisted under WIOA Title I, including those that are part of the one-stop delivery system.\(^{10}\)

Specifically applicable to EO complaints and grievances, no recipient may discriminate on the following bases:\(^{11}\)

"Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

"The recipient must not discriminate in any of the following areas:

"Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

"Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities."

Notification applies to each presentation by a recipient to orient new participants, new employees, and/or the public to its WIOA Title I-financially assisted program or activity. Whether in person, over the Internet, or using other technology, a recipient must include a discussion of rights and responsibilities under the nondiscrimination and EO provisions of WIOA and 29 CFR Part 38, including the right to file a complaint of discrimination.\(^{12}\) The recipient must communicate this information in appropriate languages\(^{13}\) and in formats accessible for individuals with disabilities.\(^{14}\)

---

9 29 CFR 38.35 and 20 CFR 683.600.
11 29 CFR 38.35.
12 29 CFR 38.39.
13 29 CFR 38.9.
14 29 CFR 38.15.
3. **Substance:**

All employees (performing duties related to WIOA programs or services) of WIOA Title I-financially assisted employers, customers, non-customers, and WIOA-funded training employers must be made aware of their EEO rights and responsibilities, as well as their programmatic complaint and grievance rights and responsibilities under WIOA. To ensure equal opportunity for customers within the Workforce System, the Missouri Division of Workforce Development (DWD) and its sub-recipients must provide initial and continuing notice that they do not discriminate on any prohibited grounds, and that there is a process to resolve any complaints or grievances.

To ensure that certain affected parties to WIOA Title I-financially assisted programs and services have been properly notified and provided with a copy of their rights and responsibilities, DWD requires a signed attestation. This marked and signed form (Attachment 1) is to be retained in the individual’s or recipient's file. It must be obtained from applicants for employment, employees (of recipients), participants, and recipients (including employers), as defined below:

- An “applicant for employment” means a person or persons who make(s) an application for employment with a recipient of federal financial assistance under WIOA Title I.
- An “employee” means a covered employee, of a recipient, included in the Unemployment Insurance (UI) wage records of that recipient.
- A “participant” means an individual who has been determined to be eligible to participate in, and who is receiving any aid, benefit, service, or training under, a program or activity financially assisted in whole or in part under Title I of WIOA. This includes participants in WIOA Adult, Dislocated Worker, and Youth programs, National Dislocated Worker Grant participants, Trade Adjustment Assistance participants, and any other program for which a hard-copy participant file is required.
- A “recipient” means an entity that receives financial assistance under Title I of WIOA. “Recipient” includes, but is not limited to:
  - State-level agencies that administer, or are financed in whole or in part with, WIOA Title I funds;
  - State Workforce Agencies;
  - State and Local Workforce Development Boards;
  - Local Workforce Development Areas (LWDA) grant recipients;
  - One-stop operators;
  - Service providers, including eligible training providers;
  - On-the-Job Training (OJT) employers;
  - Other National Program recipients.

4. **Action:**

This Issuance is effective immediately. Please distribute this Issuance to appropriate individuals.

5. **Contact:**

Please direct questions or comments regarding this Issuance to the State Equal Opportunity Officer, at (573) 751-2428 or email danielle.smith@ded.mo.gov.

---

1529 CFR 38.15, 29 CFR 38.34, 29 CFR 38.39 and others. Many of the Part 38 regulations include and affect the “general public” as well as persons directly interacting with WIOA programs and services. Therefore, complaints could involve actions or behaviors involving non-participants present at a training location or a Job Center, for example.

1629 CFR 38.4(d).

1729 CFR 38.4(cc).

1829 CFR 38.4(zz).
6. References:
   - WIOA, Pub. L. 113-128 [29 U.S.C. 3101 et seq.].
   - 20 CFR 683.600, “What local area, State, and direct recipient grievance procedures must be established?”

7. Rescissions:
   This Issuance supersedes and rescinds DWD Issuance 01-2014-C1, “Equal Opportunity and Complaint & Grievance, Notice and Dissemination, Change 1,” July 22, 2014.

8. Attachments:
   Attachment 1: WIOA EO Notice and Programmatic Complaint Notice and acknowledgement form.

The Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

[Signature]

Mardy L. Leathers
Director
Missouri Division of Workforce Development
Equal Opportunity

Missouri Division of Workforce Development
Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual’s citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas

✓ Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
✓ Providing opportunities in, or treating any person with regard to, such a program or activity; or
✓ Making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Danielle Smith
State WIOA Equal Opportunity Officer
421 E. Dunklin P.O Box 1087
Jefferson City, MO 65101
Telephone: (573) 751-2428 or Fax: (573)751-4088
Email: danielle.Smith@ded.mo.gov
Email: DWDComplaintsandgrievances@ded.mo.gov
or
The Director, Civil Rights Center (CRC),
U.S. Department of Labor,
200 Constitution Avenue NW,
Room N-4123, Washington, DC 20210
or
electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with the CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services are available at 711.
WIOA regulations require each state to establish a procedure for grievances and program complaints received from participants being served by the workforce system. To seek a formal resolution, you must first file your complaint locally. This process is intended to allow for a resolution of the issue at the most local level. You must start the process by submitting your complaint within your local workforce system, either through your local One-Stop Job Center or local workforce development board. You have up to one year to file a grievance. DWD encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIOA Complaint Form.

The complainant should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff shall take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to ensure completeness. Care should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIOA Complaint Form.

The grievance should include the following:
1. Full name, telephone number and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s)
4. A statement of how you would like the matter to be resolved (e.g. if the agency finds in your favor what you would like to see happen or to receive);
5. Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIOA programs, agreements or Local Workforce Development Board policies and activities.

You may file your grievance with the Local Workforce Board Grievance Officer at

NAME/TITLE Daniel C. Smith/Local Equal Opportunity Officer
ADDRESS 1 1740 Paseo Blvd, Kansas City, MO 64108
ADDRESS 2
PHONE/FAX 816-471-2330 Ext. 1285
EMAIL dsmith1@feckc.org

Within 60 calendar days of filing your grievance, WIOA requires the local area to provide a formal hearing, if the issue is not resolved informally prior to the hearing. If you find the local hearing decision unsatisfactory, or if the local area does not respond to you in the allotted 60 days, you will have the opportunity to file a request for review by the State. At the State level, WIOA requires an opportunity for an informal resolution and hearing to be completed within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal, WIOA allows for a formal appeal to the U.S. Department of Labor (DOL). Federal appeals must be made within 60 calendar days of the receipt of the decision being appealed. 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 the formal procedure has been followed.

Retaliation: No DWD employee, recipient or sub-recipient may discharge, intimidate, retaliate, threaten, coerce or discriminate against any individual because the individual has filed a discrimination complaint or otherwise participated in the investigation of a discrimination complaint.
I acknowledge receipt of copies of the following Notice of Rights:
1. Equal Opportunity Is the Law Notice
2. WIOA Grievance Procedure Notice

I have read these Equal Opportunity and WIOA Programs Notices and understand that I have a right to file discrimination or programmatic complaints if I feel that my rights were violated by a WIOA Title I financially assisted program or activity.

This information was provided in the following language/format

☐ English ☐ Spanish ☐ Other Language (Specify) _______________________
☐ Alternate Format (Specify) _______________________

[Staff instruction: Indicate the correct line by checking one box below, appropriate to the individual, before presenting for a signature]

Participant means an individual who has been determined to be eligible to participate in, and who is receiving any aid, benefit, service, or training under, a program or activity financially assisted in whole or in part under Title I of WIOA. This includes participants in WIOA Adult, Dislocated Worker, and Youth programs, National Dislocated Worker Grant participants, Trade Adjustment Assistance participants, and any other program for which a hard-copy participant file is required. The individual or individuals intended by Congress to receive aid, benefits, services, or training from a recipient.

☐ Participant Name ___________________________ Print Name ___________________________ Signature ___________________________

Recipient means an entity that receives financial assistance under Title I of WIOA. “Recipient” includes, but is not limited to: State-level agencies that administer, or are financed in whole or in part with, WIOA Title I funds; State Workforce Agencies; State and Local Workforce Development Boards; Local Workforce Development Area grant recipients; One-stop operators; Service providers, including eligible training providers; On-the-Job Training employers; and other National Program recipients.

☐ Recipient ___________________________ Organization Name ___________________________ Print Name/Title ___________________________ Signature ___________________________

Applicant for employment means a person or persons who make(s) an application for employment with a recipient of federal financial assistance under WIOA Title I.

☐ Applicant for Employment ___________________________ Print Name ___________________________ Signature ___________________________

Employee means a covered employee, of a recipient, included in the Unemployment Insurance (UI) wage records of that recipient.

☐ Employee ___________________________ Print Name ___________________________ Signature ___________________________

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627).

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services are available at 711.
Attachment B:

Missouri Division of Workforce Development Issuance 09-2012,

Workforce Investment Act Complaint Resolution Policies
Subject: Workforce Investment Act Complaint Resolution Policies

1. Purpose: This Issuance is written to define the procedures that the Division of Workforce Development (DWD) and local program operators will use when individuals file complaints or grievances. This Issuance includes separate policies for general grievances and discrimination complaints.

2. Background: Section 188 of the Workforce Investment Act (WIA) provides that no individual will be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any WIA-funded program or activity because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief or, for any beneficiary, because of the beneficiary's citizenship status as a lawfully admitted immigrant authorized to work in the United States or for participation in any WIA Title I financially assisted program or activity. Federal implementing regulations that codify WIA's nondiscrimination and equal opportunity (EO) provisions provide that each WIA recipient must establish a discrimination complaint process that meets certain requirements. See 29 C.F.R. Part 37.

   Additionally, every recipient of funds under Title I of WIA must maintain a procedure for general grievances and complaints that do not allege violations of WIA's nondiscrimination and EO provisions, in accordance with 20 CFR 667.600, et seq.

   Finally, 20 CFR 667.630 and TEGL 2-12 set forth procedures for notifying the appropriate administrators of known or suspected cases of criminal and other illegal or improper activities involving grantees and other recipients or subrecipients of federal funds from the United States Department of Labor's Employment and Training Administration.

3. Substance: To establish the procedures that DWD and local program operators will use to process complaints and grievances, as mandated by the WIA and its implementing regulations. These procedures apply to all levels of DWD and its One-Stop partners. The policies implemented by this Issuance cover:

   1) WIA EO complaints
   2) WIA general complaints and grievances; and
   3) WIA complaints of criminal, illegal, or improper activities.
4. **Action:** This Issuance is effective immediately. Please distribute this Issuance to all appropriate individuals.

5. **Contact:** Direct questions or comments regarding this Issuance to Danielle Smith, State WIA EO and Complaint and Grievance Officer, at 573.751.2428, or danielle.smith@ded.mo.gov.

6. **Reference:** 29 C.F.R. Section 37.4 contains the definitions of the terms used in the implementation of nondiscrimination and EO requirements of the WIA. For convenience, some of the definitions found in that section are listed below. If a conflict exists between terminology, as defined in this policy and 29 C.F.R. Section 37.4, the definition in 29 C.F.R. Part 37.4 is controlling.

7. **Recissions** This Issuance rescinds DWD Issuance 16-99, Change 4 dated September 4, 2008; and this Issuance makes the information contained in DWD-100 (8-07), WIA Complaint and Grievance Guide for the Missouri One-Stop System brochure, outdated and no longer applicable.

8. **Attachments:**
   - Attachment 1 DWD Equal Opportunity Complaint Policy
   - Attachment 2 DWD WIA Complaint and Grievance Policy
   - Attachment 3 Equal Opportunity is the Law Poster DWD-102(9-12)

---

Julie Gibson  
Director  
MO Div. Of Workforce Development
DIVISION OF WORKFORCE DEVELOPMENT
EQUAL OPPORTUNITY POLICY
January 3, 2013

References include the following: Public Law 105-220, Workforce Investment Act (WIA) Section 188, and 29 C.F.R. Part 37.

Who May File

(1) Any person who believes that either he or she, or any specific class of individuals, has been or is being subjected to discrimination prohibited by WIA or its implementing regulations may file a written complaint, either by him/herself or through an authorized representative.

(2) WIA prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, discrimination on the basis of either citizenship or status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA title I financially assisted program or activity; Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin; section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, which prohibit discrimination against qualified individuals with disabilities; The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

Time and Place for Filing

(1) Complainants may file within one hundred and eighty (180) days of the alleged discrimination.

(2) Discrimination complaints may be filed with a state or local administrative entity, service provider, One-Stop operator or with the Director of the Civil Rights Center (CRC), U.S. department of labor, 200 Constitution Ave. NW, room N-4123, Washington D.C. 20210.

Time Limits
The Division of Workforce Development (DWD) must complete its discrimination complaint processing procedures and issue a written notice of final action within ninety (90) calendar days from the date the complaint was filed.

**Initial Review of Written Complaints**

Any DWD or partner employee may take a written discrimination complaint from a complainant or a complainant’s designated representative. A written complaint must include: the complainant’s name and address; the identity of the individual or entity that the complainant alleges is responsible for the discrimination; a description of the complainant’s allegations in enough detail to allow an initial determination of jurisdiction, timeliness, and the apparent merit of the complaint; and the complainant’s signature or the signature of the complainant’s authorized representative. Complaints may be made on the Discrimination Complaint Form attached hereto as Attachment 1-A.

**Complaint Routing and Record Keeping**

A DWD or local program operator employee who takes a discrimination complaint must immediately route the complaint to the State Equal Opportunity (EO) Officer or the local EO Officer for the region in which the subject matter of the complaint occurred. State and local EO Officers will log all complaints on the form attached to this policy (Attachment 1-B) DWD-PO-524 EO Local WIA Discrimination Complaint Log (2012-05)). The log will include: the name and address of the complainant; the basis for the complaint; a description of the complaint; the disposition and date of disposition of the complaint; and any other pertinent information. State and local EO Officers are responsible for keeping any information that could lead to the identification of the person filing the complaint confidential.

Immediately upon receiving and logging a discrimination complaint, a local EO Officer will forward the complaint to the State EO Officer for determination of jurisdiction and further processing.

**Jurisdiction of the Discrimination Complaint**

DWD’s State WIA EO Office has jurisdiction over complaints that:

- Are filed against a WIA recipient;
- Allege a basis for discrimination that is prohibited by WIA; and
- Are filed within one hundred and eighty (180) calendar days of the alleged discrimination.

**Notice of Lack of Jurisdiction**

If the State EO Officer determines that the DWD EO Office does not have jurisdiction to process a complaint under this policy, she will send a notice of lack of jurisdiction to the complainant within ten (10) days of receipt. Such notice will include the reason for the determination, and notice that the complainant has the right to file a complaint directly with CRC within thirty (30) calendar days from receipt of the notice of lack of jurisdiction.
If the State EO Officer determines that the EO Office does have jurisdiction to process the complaint, the EO Officer will send written notice to the complainant stating that the complaint has been accepted, also within ten (10) days of receipt. The notice will list the issues raised in the complaint, and state for each issue whether it has been accepted for investigation or rejected and the reason for its rejection. The notice will advise that the complainant has the right to be represented by an attorney or another person of the complainant’s choice. The notice will also give the complainant the right to choose between an Alternative Dispute Resolution (ADR) process or investigation.

**ADR Process**

If the party filing the complaint requests to use an ADR process to resolve the complaint, the State EO officer will conduct mediation to attempt to resolve the complaint. The EO Officer will schedule mediation by written notice, mailed to all interested parties at least seven (7) calendar days prior to the first mediation session. The notice will include the date, time, and place of the mediation. The mediation process must be concluded within thirty (30) calendar days from the date the complaint was filed. The complaint is considered resolved when all parties to the complaint enter into a written agreement resolving the issues raised in the complaint. The written agreement will give notice that if the terms of the agreement are breached, the non-breaching party may file a complaint with CRC within thirty (30) calendar days of the date the non-breaching party learns of the breach. If the parties do not reach an agreement, the State EO officer will conduct an investigation, as described herein.

**Investigation Process**

If ADR does not resolve the discrimination complaint, or if the complainant elects to forego mediation, the State EO Officer will conduct a fact-finding investigation of the allegations contained in the complaint. The investigation may include interviews with the complainant, respondent and any witnesses; requests for pertinent documents; on-site inspection; and research of applicable policies and procedures. Throughout the investigation process, the EO Officer will keep the identity of any individual who furnishes information relating to, or assisting in, the investigation, including the identity of the individual who filed the complaint, confidential to the extent possible, consistent with a fair determination of the issues.

**Notice of Final Action**

Within ninety (90) days of receipt of the complaint, the State EO Officer will issue to the complainant a notice of final action. The notice of final action will contain: the EO Office’s decision on each issue and the reasons for the decision; a description of the way the parties resolved the issue; and notice that the complainant has the right to file an appeal with CRC within thirty (30) calendar days from the date the notice of final action is issued if dissatisfied with the WIA recipient's final action on the complaint.

**Retaliation**
No DWD employee may discharge, intimidate, retaliate, threaten, coerce or discriminate against any individual because the individual has filed a discrimination complaint or otherwise participated in the investigation of a discrimination complaint.
**COMPLAINT INFORMATION** *(PLEASE PRINT)*

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>SOCIAL SECURITY NUMBER <em>(Voluntary)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>HOME TELEPHONE <em>(Include Area Code)</em></th>
<th>WORK TELEPHONE <em>(Include Area Code)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RESPONDENT INFORMATION** *(PLEASE PRINT)*

<table>
<thead>
<tr>
<th>NAME OF AGENCY</th>
<th>TELEPHONE <em>(Include Area Code)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF AGENCY</th>
<th>FAX <em>(Include Area Code)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHAT IS THE MOST CONVENIENT TIME AND PLACE FOR US TO CONTACT YOU ABOUT THIS COMPLAINT?**

<table>
<thead>
<tr>
<th>Time</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TO THE BEST OF YOUR RECOLLECTION ON WHAT DATE(S) DID THE DISCRIMINATION OCCUR?**

<table>
<thead>
<tr>
<th>DATE OF FIRST OCCURRENCE</th>
<th>DATE OF MOST RECENT OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever attempted to resolve this complaint at the Federal level?  
(Civil Rights Center, Washington DC, Department of Health and Human Services, U.S. Department of Agriculture)  
**YES** □ **NO** □

Have you been provided with a final decision at the Federal level regarding your complaint?  
**YES** □ **NO** □

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertinent to your case.

__________________________________________________________________________

__________________________________________________________________________

To the best of your knowledge, which of the following Missouri One-Step System programs or services were involved? *(Check one)*

- □ Dislocated Worker Program
- □ Adult Programs
- □ Youth Programs
- □ Career Assistance Program (CAP)
- □ Welfare to Work
- □ Parent’s Fair Share
- □ Workforce Investment Act
- □ MO Employment & Training Prg. (METP)
- □ Other

Do you think the discrimination against you involved: *(Check one)*

- □ Your job or seeking employment? **OR** □ Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- □ Discharge/Termination
- □ Qualification/Testing
- □ Enrollment
- □ Referral
- □ Exclusion
- □ Layoff/Furlough
- □ Placement
- □ Intimidation/Reprisal
- □ Benefits
- □ Transition
- □ Recall
- □ Union Representation
- □ Discipline
- □ Performance Appraisal
- □ Harassment
- □ Hiring
- □ Wages
- □ Access/Accommodation
- □ Seniority
- □ Other

**Basis of Complaint:** Which of the following best describes why you believe you were discriminated against. *(Check all that apply)*

- □ Race **Specify:**
- □ Color **Specify:**
- □ Religion **Specify:**
- □ Disability **Specify:**
- □ Age **Date of Birth:**
- □ Sex □ Male □ Female
- □ Other: **Specify:**

- □ Reprisal/Retaliation
- □ National Origin **Specify:**
- □ Political **Specify:**
- □ Citizenship **Specify:**

- □ Union Activity
- □ Application
- □ Placement
- □ Layoff/Furlough
- □ Layoff/Furlough

**Why do you believe these events occurred?**

__________________________________________________________________________

__________________________________________________________________________
What other information do you think is relevant to our investigation?


If this complaint is resolved to your satisfaction, what remedies do you seek?


Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NO. (Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have an attorney?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NO. (Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you filed a case or complaint with any of the following?

☐ U.S. Equal Employment Opportunity Commission
☐ Civil Rights Division, U.S. Department of Justice
☐ Missouri Commission on Human Rights

For each item checked above, please provide the following information:

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>DATE FILED</th>
<th>CASE OR DOCKET NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOCATION OF AGENCY OR COURT

<table>
<thead>
<tr>
<th>NAME OF INVESTIGATOR</th>
<th>STATUS OF CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>DATE FILED</th>
<th>CASE OR DOCKET NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOCATION OF AGENCY OR COURT

<table>
<thead>
<tr>
<th>NAME OF INVESTIGATOR</th>
<th>STATUS OF CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS

(Complaint NOT valid unless signed) Please Note: Filing a discrimination complaint with the Division of Workforce Development does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Missouri Commission on Human Rights (MCCHR) at 573.751.3325. A complaint must be filed with DWD within 180 days from the date of the alleged violation.

SIGNATURE

DATE

Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Missouri TTY Users: 1-800-735-2966 or 711
**CONSENT FORM**

I have filed a Division of Workforce Development (DWD) Discrimination Complaint and understand and agree to the following terms and conditions regarding resolution and investigation of my complaint:

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td></td>
</tr>
</tbody>
</table>

- a) In the course of investigating my complaint, DWD may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;
- b) I may request and receive a copy of any personal information DWD keeps in my complaint file for investigatory uses, and;
- c) Under certain conditions, DWD may be required by the Missouri Sunshine Law, Chapter 610, to reveal to others personal information I have provided in connection with my complaint.

**No, DWD may not disclose my identity, even if necessary to process my complaint.**

I do not consent for DWD to disclose my identity during investigation of my complaint. I request that DWD process my complaint, however, I understand that DWD may terminate processing my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWD may close my complaint if it cannot begin an investigation because I have not consented for DWD to reveal my identity.

<table>
<thead>
<tr>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
MISSOURI DIVISION OF WORKFORCE DEVELOPMENT

Workforce Investment Act (WIA)
Discrimination Complaint Log—Local Level

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program Year</th>
<th>Quarterly Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1st Quarter: July-Sept</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Quarter: Oct-Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd Quarter: Jan-Mar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4th Quarter: Apr-June</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LWIA Region</th>
<th>EO Officer/Representative</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complaint File No.</th>
<th>Date Complaint Was Received (mm/dd/yyyy)</th>
<th>Name and Address of Complainant &amp; Status</th>
<th>DOL-Funded Program (Y/N)</th>
<th>Grounds (Basis) of Complaint</th>
<th>Description/Issue/Date of Complaint</th>
<th>ADR (Y/N)</th>
<th>Final Disposition Date &amp; Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Report Submitted By: ___________________________  Date Submitted: ___________
MISSOURI DIVISION OF WORKFORCE DEVELOPMENT
WORKFORCE INVESTMENT ACT
PROGRAM, AGREEMENTS, POLICIES AND ACTIVITIES
COMPLAINT AND GRIEVANCE POLICY

Every recipient of funds under Title I of THE Workforce Investment Act (WIA) must maintain a written procedure for grievances and complaints in accordance with 20 CFR 667.600, et seq. As such, this policy will govern the Division of Workforce Development’s (DWD) processing of WIA complaints and grievances.

General WIA complaints may be made up to one (1) year from the date of the event or condition alleged to be a violation of WIA. The appropriate resolution process to be followed depends on the nature of the complaint. General WIA complaints fall into the following two categories:

1. Complaints involving local WIA programs, agreements, or local Workforce Investment Board (LWIB) policies and activities; or
2. Complaints involving State WIA policies, programs, activities, or agreements.

A complaint may be amended or withdrawn at any time prior to a scheduled hearing.

Any DWD employee who processes a WIA complaint will keep information that could lead to the identification of the person filing the complaint confidential, to the extent practical. The identity of any person who furnishes information related to, or assisting in, an investigation will also be kept confidential to the extent possible.

DWD and its One-Stop partners will not discharge, intimidate, retaliate, threaten, coerce, or discriminate against any person because such person files a complaint, opposes a prohibited practice, furnishes information, assists, or participates in any manner in an investigation or hearing.

General WIA Complaints

Attached to this policy is the DWD General WIA Complaint Form (Attachment 2-A) that the DWD uses as a complaint intake tool. Local offices may duplicate this form for the purpose of receiving general WIA complaints. Any alternate form must include all information required on the General WIA Complaint Form. Any complaint received in writing will be accepted and handled in the same manner as if it were made on the General WIA Complaint Form. State and local Equal Opportunity (EO) Officers will log all WIA formal complaints on the form attached to this policy (Attachment 2-B DWD-PO-526 E.O Local WIA Complaint Log (2012-05)). The log shall include: the name and address of the complainant; the basis for the complaint; a description of the complaint; the disposition and date of disposition of the complaint; and any other pertinent information.
DWD encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIA Complaint Form.

The complainant should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff must take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to insure completeness. Care should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIA Complaint Form:

1. Full name, telephone number, and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s).

Complaints Involving Local Programs and Policies

Who May File

Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIA programs, agreements or LWIB policies and activities.

Complainants with Disabilities

DWD will accommodate complainants with disabilities so that they may file complaints. Alternate formats will be used on request to notify the complainant of hearings, results, and any other written communication. DWD will provide auxiliary aides and services, such as deaf interpreters or assistive listening devices, on request for negotiations, hearings and any other meetings where aural communication occurs. An accessible location will be used for hearings and other meetings on request.

Time and Place for Filing

Complaints may be filed with the local administrative entity or the service provider within one (1) year from the date of the event or condition alleged to be a violation of WIA.

Resolution Process

Initial Review- Step One

If the complaint alleges a violation of any statute, regulation, policy, or program that is not governed by WIA, the local administrative entity or service provider may refer the complaint to the appropriate organization for resolution. In such cases, the local administrative entity or service provider will notify the complainant of the referral.
Once the local administrative entity or the service provider receives the complaint from the complainant or the complainant’s designated representative, the receiving employee will log the complaint. The local administrative entity or service provider will then establish a complaint file containing the following:

1. Application and enrollment forms;
2. Completed General WIA Complaint Form (or complainant’s written statement);
3. Chronological log of events or conditions alleged to be a violation of WIA;
4. Any relevant correspondence; and
5. Record of the attempted informal resolution.

Informal Resolution- Step Two

The local administrative entity or service provider will attempt to informally resolve the complaint to the satisfaction of all parties. This informal resolution process must be completed within ten (10) business days from the date the complaint is filed. If all parties are satisfied, the complaint is considered resolved, and the terms and conditions of the resolution must be documented in the complainant’s file. When a service provider attempts the informal resolution, the service provider will forward the complaint file to the local administrative entity. The local administrative entity will review the complaint file and investigate it further if necessary.

Formal Resolution-Step Three

When an informal resolution is not possible, the local administrative entity will issue a determination within twenty (20) calendar days from the date the complaint was filed. If the complainant does not request an appeal of the determination, the complaint is considered resolved, and the local administrative entity or service provider will document this in the complaint file. Any party dissatisfied with the determination may request a hearing within seven (7) calendar days of the date of the determination.

Hearing-Step Four

A complainant may amend or withdraw his or her complaint at any time prior to a scheduled hearing.

If the complaint is not withdrawn, the local administrative entity will designate a hearing officer to ensure the complaint receives fair and impartial treatment. The hearing must be conducted within forty-five (45) calendar days from the date the complaint was filed. The hearing officer will schedule a formal hearing and mail a written notice to the complainant, the respondent, and any other interested party at least seven (7) business days prior to the hearing.

The notice will include the date, time, and place of the hearing. Parties may present witnesses and documentary evidence, and question others who present evidence and witnesses. The complainant may request that records and documents be produced. Attorneys or another designated representative (s) may represent each party. All testimony will be taken under oath or affirmation. The hearing will be recorded either in writing or by audiotape.
The hearing officer’s recommended resolution will include a summary of factual evidence presented during the hearing and the conclusions upon which the recommendation is based. The hearing officer will also concur with the chief local elected official (CLEO) toward reaching consensus on the recommended resolution to the complaint. If consensus cannot be reached, the hearing office will initiate a request to the state for resolution.

Final Decision - Step Five

The local administrative entity will review the recommendation of the hearing officer and issue a final decision within sixty (60) calendar days from the date the complaint was filed.

Appeal – Step Six

Any party dissatisfied with the local administrative entity’s final decision, or any party who has not received either a final decision or a resolution within sixty (60) calendar days from the date the complaint was filed, may request an appeal. The appeal must be received by the DWD within ninety (90) calendar days from the date the complaint was filed at the following address:

Missouri Division of Workforce Development
State WIA Complaint and Grievance Office
Danielle Smith, State WIA Complaint and Grievance Officer
421 E. Dunklin Street
Jefferson City, MO 65101-1087

DWD will review the complaint file, the hearing record, and all applicable documents and issue a final decision on the appeal within thirty (30) calendar days from the date the appeal was received.

Complaints Involving State WIA Policies, Programs, Activities or Agreements

Who May File

Applicants, employees, participants, service providers, recipients and other interested parties may file a complaint alleging a violation of State WIA policies, programs, activities or agreements.

Complainants with Disabilities

DWD will accommodate complainants with disabilities, so that they may file complaints. Alternate formats will be used on request to notify the complainant of hearings, results, and any other written communication. DWD will provide auxiliary aides and services, such as deaf interpreters or assistive listening devices, upon request for negotiations, hearings, and any other meetings where aural communication occurs. An accessible location will be used for hearings and other meetings on request.

Time and Place for Filing

Complaints may be filed with the service provider or with DWD within one (1) year from the date of the event or condition alleged to be a violation of WIA.
Resolution Process

Initial Review- Step One

DWD will receive the complaint from the complainant, or the complainant's designated representative. If the complaint alleges a violation of any statute, regulation, policy, or program that is not governed by WIA, DWD will refer the complaint to the appropriate organization for resolution and notify the complainant of the referral.

DWD will log all complaints received. The service provider or DWD will then establish a complaint file containing the following:

1. Application and enrollment forms;
2. Completed General WIA Complaint Form (or complainant's written statement);
3. Chronological log of events or conditions alleged to be a violation of WIA;
4. Any relevant correspondence; and
5. Record of the attempted informal resolution.

Informal Resolution- Step Two

DWD will attempt to informally resolve the complaint to the satisfaction of all parties. This informal resolution process must be completed within ten (10) business days from the date the complaint is filed. If all parties are satisfied by this informal process, the complaint is considered resolved and the terms and conditions of the resolution will be documented in the complaint's file.

Formal Resolution- Step Three

When an informal resolution is not possible, DWD will forward the complaint file to the address below:

Missouri Division of Workforce Development
State WIA Complaint and Grievance Office
Danielle Smith, State WIA Complaint and Grievance Officer
421 E. Dunklin
Jefferson City, MO 65101-1087

The State WIA Complaint and Grievance Officer will review the complaint file, conduct further investigation, if necessary, and issue a determination within twenty (20) calendar days from the date the complaint was filed. If the complainant does not request an appeal of the determination, the complaint is considered resolved and the complaint file will be documented accordingly. Any party dissatisfied with the determination may request a hearing within fourteen (14) calendar days of the date of the determination.
Hearing-Step Four

A complainant may amend or withdraw his or her complaint at any time prior to a scheduled hearing. If the complaint is not withdrawn, the DWD will designate a hearing officer to ensure the complaint receives fair and impartial treatment. The hearing must be conducted within forty-five (45) calendar days from the date the complaint was filed. The hearing officer will schedule a formal hearing and mail a written notice to the complainant, the respondent, and any other interested party at least seven (7) business days prior to the hearing. The notice will include the date, time, and place of the hearing.

Parties may present witnesses and documentary evidence, and question others who present evidence and witnesses. The complainant may request that records and documents be produced. Attorneys or another designated representative(s) may represent each party. All testimony will be taken under oath or affirmation. The hearing will be recorded either in writing or by audiotape. The hearing officer’s recommended resolution will include a summary of factual evidence presented during the hearing and the conclusions upon which the recommendation is based.

Final Decision- Step Five

DWD will review the recommendation of the hearing officer and issue a decision within sixty (60) calendar days from the date the complaint was filed. The decision of DWD is considered final.

Appeals to the U.D. Department of Labor (USDOL)

A complainant who receives an adverse final or appeal decision from the State may appeal that decision to USDOL within sixty (60) days of the receipt of the decision being appealed. Appeals must be filed within one hundred and twenty (120) days of the complainant’s filing of the grievance with the State, or filing of the appeal of a local grievance with the State. All appeals must be submitted by certified mail, return receipt requested, to the Secretary, U.S. Department of Labor, Washington, DC 20210, Attention: ASET. A copy of the appeal must be simultaneously provided to the appropriate Employment and Training Administration (ETA) Regional Administrator and the opposing party.

Criminal Fraud, Waste and Abuse

Information and complaints involving criminal fraud, waste, abuse, or other criminal activity must be reported immediately through the DWD’s Incident Reporting System to the USDOL Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D.C. 20210, or to the corresponding Regional Inspector General for Investigations, with a copy simultaneously provided to the ETA. The Hotline number is 1-800-347-3756. Complaints of a non-criminal nature are handled under the procedures set forth in 20 C.F.R. § 667.505 or through the DWD’s Incident Reporting System.
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF WORKFORCE DEVELOPMENT
DISCRIMINATION COMPLAINT INFORMATION

COMPLAINT INFORMATION (Please print)

FIRST NAME
LAST NAME
SOCIAL SECURITY NUMBER (Optional)
ADDRESS
HOME TELEPHONE (Include Area Code)
WORK TELEPHONE (Include Area Code)
CITY
STATE
ZIP CODE

RESPONDENT INFORMATION (Please print)

NAME OF AGENCY
TELEPHONE (Include Area Code)
ADDRESS OF AGENCY
FAX (Include Area Code)
CITY
STATE
ZIP CODE

WHAT IS THE MOST CONVENIENT TIME AND PLACE FOR US TO CONTACT YOU ABOUT THIS COMPLAINT?

TO THE BEST OF YOUR RECOLLECTION ON WHAT DATE(S) DID THE DISCRIMINATION TAKE PLACE?

DATE OF FIRST OCCURRENCE?
DATE OF MOST RECENT OCCURRENCE?

I have ever attempted to resolve this complaint at the Federal level?
(Civil Rights Center, Washington, DC, Department of Health and Human Services, U.S. Department of Agriculture) YES ☐ NO ☐

Have you been provided with a final decision at the Federal level regarding your complaint?
YES ☐ NO ☐

Explain us briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

To the best of your knowledge, which of the following Missouri One-Stop System programs or services were involved? (Check one)
☐ Dislocated Worker Program ☐ Adult Programs ☐ Youth Programs ☐ Career Assistance Program (CAP)
☐ Welfare to Work ☐ Parent’s Fair Share ☐ Workforce Investment Act ☐ MO Employment & Training Prog. (METP)
☐ Other

Do you think the discrimination against you involved? (Check one)
☐ Your job or seeking employment? OR ☐ Your using facilities or someone providing not providing you with services or benefits?
If so, which of the following are involved?
☐ Discharge/Termination ☐ Promotion ☐ Training ☐ Transfer ☐ Union Activity ☐ Application
☐ Qualification/Testing ☐ Enrollment ☐ Referral ☐ Exclusion ☐ Layoff/Layoff ☐ Placement
☐ Intimidation/Reprisal ☐ Benefits ☐ Transition ☐ Recall ☐ Union Representation ☐ Discipline
☐ Performance Appraisal ☐ Harassment ☐ Hiring ☐ Wages ☐ Access/Accommodation ☐ Seniority
☐ Other

Basis of Complaint: Which of the following best describes why you believe you were discriminated against. (Check all that apply)
☐ Race ☐ National Origin
Specify: ____________________________
☐ Color ☐ Political
Specify: ____________________________
☐ Religion ☐ Citizenship
Specify: ____________________________
☐ Disability ☐ Other:
Specify: ____________________________
☐ Age Date of Birth:
☐ Sex ☐ Male ☐ Female

Why do you believe these events occurred?
What other information do you think is relevant to our investigation?

If this complaint is resolved to your satisfaction, what remedies do you seek?

Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NO. (Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have an attorney?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NUMBER (Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you filed a case or complaint with any of the following? ☐ Missouri Commission on Human Rights  ☐ Civil Rights Division, U.S. Department of Justice

For each item checked above, please provide the following information:

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>LOCATION OF AGENCY OR COURT</th>
<th>DATE FILED</th>
<th>CASE OR DOCKET NUMBER</th>
<th>DATE OF TRIAL OR HEARING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF INVESTIGATOR</th>
<th>STATUS OF CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>LOCATION OF AGENCY OR COURT</th>
<th>DATE FILED</th>
<th>CASE OR DOCKET NUMBER</th>
<th>DATE OF TRIAL OR HEARING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF INVESTIGATOR</th>
<th>STATUS OF CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>LOCATION OF AGENCY OR COURT</th>
<th>DATE FILED</th>
<th>CASE OR DOCKET NUMBER</th>
<th>DATE OF TRIAL OR HEARING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF INVESTIGATOR</th>
<th>STATUS OF CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(Complaint NOT valid unless signed): Please Note: Filing a discrimination complaint with the Division of Workforce Development does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Missouri Commission on Human Rights (MCCHR) at 573.751.3325. A complaint must be filed with DWD within 180 days from the date of the alleged violation.

SIGNATURE

DATE

Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Missouri TTY Users: 1-800-735-2966 or 711

DWD-101 (2012-02) page 2
Yes, DWD may disclose my identity as necessary to investigate my complaint.

CONSENT FORM

I have filed a Division of Workforce Development (DWD) Discrimination Complaint and understand and agree to the following terms and conditions regarding resolution and investigation of my complaint:

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In the course of investigating my complaint, DWD may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;</td>
<td></td>
</tr>
<tr>
<td>b) I may request and receive a copy of any personal information DWD keeps in my complaint file for investigatory uses, and;</td>
<td></td>
</tr>
<tr>
<td>c) Under certain conditions, DWD may be required by the Missouri Sunshine Law, Chapter 610, to reveal to others personal information I have provided in connection with my complaint.</td>
<td></td>
</tr>
</tbody>
</table>

No, DWD may not disclose my identity, even if necessary to process my complaint.

I do not consent for DWD to disclose my identity during investigation of my complaint. I request that DWD process my complaint, however, I understand that DWD may terminate processing my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWD may close my complaint if it cannot begin an investigation because I have not consented for DWD to reveal my identity.

<table>
<thead>
<tr>
<th>NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>
# Workforce Investment Act (WIA) Complaint and Grievance Log — Local Level

<table>
<thead>
<tr>
<th>WIA Region</th>
<th>Program Year</th>
<th>ED Officer/Representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complaint Title No.</th>
<th>Date Complaint Was Received (mm/dd/yyyy)</th>
<th>Name and Address of Complainant &amp; Status</th>
<th>DOL-Funded Program (Y/N)</th>
<th>Grounds (Bases) of Complaint</th>
<th>Description/Issue/Date of Complaint</th>
<th>AUD (Y/N)</th>
<th>Final Disposition Date &amp; Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Report Submitted By: ___________________________
Date Submitted: ___________________________

Quarterly Report
☐ 1st Quarter: May-July
☐ 2nd Quarter: July-Aug
☐ 3rd Quarter: Aug-Sep
☐ 4th Quarter: Oct-Dec

[MO.gov Logo]

[Missouri Department of Economic Development]
[Missouri Division of Workforce Development]
It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- 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), 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 WIA Title I financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Selecting who will be admitted, or have access, to any WIA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation:

- The recipient’s Equal Opportunity Officer (or the person whom the recipient has designated for this purpose), or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see above). The recipient must offer you alternative dispute resolution in an effort to resolve your complaint.

If the recipient does not give you a written notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that notice. Before filing a complaint with the CRC, however, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does not give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision of resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT**

For Career Center services:
Dannielle Smith
dannielle.smith@dwd.mo.gov
State WIA Equal Opportunity Officer
Department of Economic Development
Division of Workforce Development
P.O. Box 81147
Jefferson City, MO 65102
Phone: (573) 751-2628
TDD/TTY: 1-800-735-2966
Fax: (573) 751-4018

[Logo: jobs.mo.gov]

Local WIA Equal Opportunity Officer:

Name: __________________________
Address: _________________________
Telephone: _______________________

For Unemployment Insurance services:
Cornell Billiard
cornell.billiard@dwd.mo.gov
Chief Human Relations Officer
Department of Labor and Industrial Relations
Division of Employment Security
P.O. Box 1087
Jefferson City, MO 65102
Phone: (573) 751-1330

[Logo: LABOR.MO.GOV]

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.