

**WORKFORCE CONNECTIONS, INC.  
GRIEVANCE PROCEDURES**

Workforce Connections, Inc. employment applicants, employees, program applicants and program participants have the right to enter into the grievance process to resolve disputes. Any individual in grievance investigations are protected from retaliation, are permitted to have translators, interpreters, and/or readers and representatives of their choice during the grievance process. The grievance procedures are as follows:

1. To file a grievance with Workforce Connections, Inc., please use the grievance form outlined below. Grievances that are non-discriminatory in nature must be filed within 90 days of the alleged occurrence. Please send the completed form to:
 

Gina Brown, EO Officer  
Workforce Connections, Inc.  
2615 East Avenue South, Suite 103  
La Crosse, WI 54601
2. Upon receipt of the attached form, the EO Officer will contact the respective Workforce Connections, Inc. Department/Unit responsible, and request the informal resolution to the grievance be initiated. If informal resolution is achieved, no further action will be taken.
3. If informal resolution is not achieved, the Department/Unit Lead will submit the status of the grievance to the EO Officer for formal resolution.
4. The EO Officer will send a written acknowledgement of the grievance within five (5) working days of receipt from the respective Department/Unit Lead. If necessary, the grievant may be asked to participate in a discussion regarding the grievance as scheduled by the EO Officer within 15 days of the receipt of the complaint by the EO Officer.
5. After an investigation, a preliminary decision will be sent in writing from the EO Officer to the grievant within 20 days of receipt of the grievance from the respective Department/Unit Lead.
6. If the preliminary decision does not resolve the issue, a written appeal can be submitted to the Executive Director of Workforce Connections, Inc. within five (5) days of receipt of the preliminary decision. Instructions for filing an appeal will be provided with the preliminary decision.
7. The Executive Director of Workforce Connections, Inc. will provide a written decision within 20 days of receipt of the written appeal. The decision letter will uphold or reverse the preliminary decision.

**If the grievance stems from what the grievant believes to be discrimination related to: age, race, color, religion, sex, sexual identity, national origin or ancestry, arrest record, conviction record, sexual orientation, marital status or pregnancy, citizenship, political belief or affiliation, military participation, genetic testing, submitting to honesty testing, disability, or use or non-use of lawful products off the employer's or service provider's premises during non-working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination. Please see the contact information outlined below. A grievance must be filed with the appropriate agency within 180 days of the alleged occurrence.**

<b>PROGRAM</b>	<b>AGENCY</b>
Wisconsin Works (W-2), Emergency Assistance, Learnfare, Community Service Jobs, (W-2) Transitions, Job Access Loans, and Refugee Services	<b>Department of Children and Families</b> 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Telephone: (608) 266-5335 (Voice) (866) 864-4585 (TTY)
Food Stamps, and other programs administered by the WI Dept. of Health and Family Services include Food Share Employment & Training Program (FSET)	<b>WI Department of Health Services</b> Office of Affirmative Action and Civil Rights Compliance 1 W. Wilson, Room 656 P.O. Box 7850 Madison, WI 53707 608-266-9372 (voice) 608-266-0583 (fax) 888-701-1251 (TTY) or Wisconsin Relay 711

<p>Unsubsidized and Trial Jobs Complaints</p>	<p><b>Equal Rights Office</b>  P.O. Box 8928  Madison, WI 53708  608-266-6860 (voice)  608-264-8752 (TDD)</p> <p><b>Equal Rights Office</b>  819 North Sixth Street, Room 255  Milwaukee, WI 53203  414-227-4384 (voice); 414-227-4081 (TDD)</p> <p><b>U.S. Equal Employment Opportunity Commission</b>  Reuss Federal Plaza  310 West Wisconsin Ave., Suite 800  Milwaukee, WI 53203-2292  800-669-4000 (voice)  414-297-4133 (fax); 800-669-6820 (TTY)</p> <p><b>Milwaukee District Office</b>  U.S. Department of Labor, OFCCP  Federal Building  310 West Wisconsin Avenue, Suite 1115  Milwaukee, WI 53203  414-297-3821 (voice); 414-297-4038 (fax)</p>
<p>Second Chance Act</p>	<p><b>Director--Civil Rights Center</b>  <b>ATTENTION: Office of External Enforcement</b>  <b>U.S. Department of Labor</b>  200 Constitution Avenue, NW  Room N-4123  Washington, DC 20210</p> <p>Faxed to (202) 693-6505, ATTENTION: Office of External Enforcement (limit of 15 pages)</p> <p>Emailed to <a href="mailto:CRCEXternalComplaints@dol.gov">CRCEXternalComplaints@dol.gov</a></p>
<p>Senior Community Service Employment Program (SCSEP)</p>	<p><b>Department of Health Services,</b>  <b>Division of Long Term Care, Bureau of Aging and Disability Resources,</b>  Monica Snittler, Senior Employment Program Coordinator,  1 W. Wilson Street, Room 551  Madison, WI 53703</p>

**You also have the right to file a formal complaint with a federal agency.**

<p>Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.</p>	<p><b>Office for Civil Rights</b>  <b>U.S. Department of Health and Human Services</b>                  200 Independence Avenue, SW                  Room 509F, HHH Building                  Washington, D.C. 20201                  202-619-0403 (Voice) 800-537-7697 (TTY)  <b>U.S. Dept. of Health and Human Services</b>  <b>Office for Civil Rights – Region V</b>                  233 N. Michigan Ave., Suite 240                  Chicago, IL 60601                  312-886-2359 (Voice) 315-353-5693 (TTY)</p>
<p>Formal Discrimination Complaint about any program.</p>	<p><b>Coordination and Review Section - NWB</b>  <b>Civil Rights Division</b>  <b>U.S. Department of Justice</b>                  950 Pennsylvania Avenue, NW                  Washington, D.C. 20530</p> <p>888-848-5306 - English and Spanish (ingles y español)                  202-307-2222 (voice)                  202-307-2678 (TDD)</p> <p><b>Title VI Hotline:</b>                  1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p><b>Disability Complaints:</b>  <b>U.S. Department of Justice</b>  <b>Civil Rights Division</b>                  950 Pennsylvania Avenue, NW                  Disability Rights Section - NYAV                  Washington, DC 20530</p> <p>800-514-0301 (voice)                  800-514-0383 (TTY) (also in Spanish)</p>
<p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p>	<p>If you wish to file a Civil Rights Program of Discrimination with the USDA for the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Employment and Training (FSET) Program <b>complete the USDA Program Discrimination Complaint</b> found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, or at any USDA office, or call 866-623-9992 to request a form.</p> <p>This institution is an equal opportunity provider.</p> <p><b>USDA Director, Office of Adjudication</b>                  1400 Independence Avenue, SW                  Washington, D.C. 20250-9410                  866-632-9992 (request a form) 202-690-7442 (fax)                  Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>                  800-877-8339 (Federal Relay Services)                  800-845-6136 (Spanish)</p>

**Workforce Connections, Inc.  
GRIEVANCE FORM**

**If you need help completing this form please contact:**

Equal Opportunity Coordinator Gina Brown	Phone (Voice) (608) 386-1629	Phone (TTY) 1-800-947-3529
---	---------------------------------	-------------------------------

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

**Basis for Service Complaint:** 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
---

**WORKFORCE CONNECTIONS, INC.  
GRIEVANCE FORM ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge and attest that I have received a copy of  
*(Print Name)*

the Workforce Connections, Inc. Grievance Form.

Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

This institution is an equal opportunity provider.