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Western Wisconsin Workforce Development Board WIOA PROGRAM SERVICES GRIEVANCE PROCEDURE

Applicants and participants of the WIOA Adult, Dislocated Worker, and Youth programs, including applicants for employment, and employees, have the right to enter the grievance process to resolve disputes. This process does not apply to complaints of discrimination. Discrimination complaints are initiated using the Discrimination Complaint Form which can be requested from the WDB Equal Opportunity (EO) Officer. Complaints and grievances from participants and other interested parties affected by the local Workforce Innovation System, including One-Stop partners and service providers may file a complaint/grievance using this process. Complaint/grievances must be filed in writing within one year after the alleged WIOA violation took place. Individuals in grievance investigations are protected from retaliation and are permitted to have translators, interpreters, readers and/or a representative of their choice during the grievance process.

The grievance procedure is as follows:

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

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

Melisa Myers, EO Officer
Western Wisconsin Workforce Development Board
2615 East Avenue South
La Crosse, WI 54601
(608)-789-5499 (Voice)
(608)-789-6046 (Fax)
Wisconsin Relay (711)
myersm@westernwdb.org

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

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

Administrator
Division of Employment and Training
201 E. Washington Ave.
Madison, WI 53703
PO Box 7972, Madison, WI 53707
608-266-0327 (Voice)
608-261-8506 (Fax)

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

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

Secretary, U.S. Department of Labor,
Attention: ASET
Washington, DC 20210

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

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

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

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

PROGRAM	AGENCY
Local Workforce Development Board, Equal Opportunity Officer	<p>Melisa Myers, EO Officer Western Wisconsin Workforce Development Board 2615 East Avenue South La Crosse, WI 54601 (608) 789-5499 (Voice) Wisconsin Relay (711) myersm@westernwdb.org</p>
State DWD-DET Equal Opportunity Officer	<p>Equal Opportunity Officer WI Department of Workforce Development 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 608-266-6889 (VOICE) 866-275-1165 (TTY)</p>

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

Department of Labor, Civil Rights Center Director	<p>Director, Civil Rights Center ATTENTION: Office of External Enforcement U.S. Department of Labor 200 Constitution Avenue, N.W., Room N-4123 Washington, DC 20210 Faxed to (202) 693-6505 Emailed to: CRCEXternalComplaints@dol.gov</p>
Formal Discrimination Complaint about any program.	<p>Coordination and Review Section - NWB Civil Rights Division U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, D.C. 20530 888-848-5306 - English and Spanish (ingles y español) 202-307-2222 (voice) 202-307-2678 (TDD) Title VI Hotline: 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p>Disability Complaints: U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530 800-514-0301 (voice) 800-514-0383 (TTY) (also in Spanish)</p>

State DWD Division of Equal Rights

Division of Equal Rights

201 E Washington, Ave.
Room A-100
PO Box 8928
Madison, WI 53708
608-266-6860 (Voice)
608-264-8752 (TTY)
608-267-4592 (Fax)
E-Mail: erinfo@dwd6.wisconsin.gov

Federal Equal Employment Opportunity
Commission

Equal Employment Opportunity Commission

Reuss Federal Plaza
310 West Wisconsin Avenue, Suite 500
Milwaukee, WI 53203-2292
Phone: 1-800-669-4000
Fax: 414-297-4133
TTY: 1-800-669-6820

**WIOA PROGRAM
GRIEVANCE FORM**

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

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

Basis for Service Complaint/Grievance: Please describe the action or treatment which you think was inappropriate. Please include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the dates of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please indicate the number of pages attached if you need to add more pages.

Name of the Program, Employee or Employer Against Whom the Grievance is Filed	
Outline what you think should be done to address/correct this issue.	
Signature of Grievant or Grievant Representative	Date
Signature of Individual Receiving the Grievance	Date
Action taken by Department/Unit Lead <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status	

Action taken by EO Officer <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status	
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**WIOA PROGRAM
GRIEVANCE FORM ACKNOWLEDGEMENT**

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

copy of the WIOA Program Grievance Procedures and Form.

Individual's Signature _____ Date _____

Staff Signature _____ Date _____

The Western Wisconsin Workforce Development Board is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact Melisa Myers, 608-789-5499, myersm@westernwdb.org or Wisconsin Relay 711.

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