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 300
   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.

PROGRAM	AGENCY
Wisconsin Works (W-2), Emergency Assistance, Learnfare, Community Service Jobs, (W-2) Transitions, Job Access Loans, and Refugee Services	**Department of Children and Families** 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Telephone: (608) 266-5335 (Voice) (866) 864-4585 (TTY)
FoodShare and other programs administered by the WI Dept. of Health and Family Services include Food Share Employment & Training Program (FSET) An FSET participant has the right to file a fair hearing if he or she disagrees with an action taken by an FSET agency. A	**WI Department of Health Services** 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 Ask your local agency to help you file for a fair hearing or write directly to:

fair hearing must be requested within 90 days from the day FoodShare benefits were impacted by a specific action taken by the FSET or IM agency.	**Department of Administration Division of Hearings and Appeals** PO Box 7875 Madison WI 53707-7875 608-266-7709. Fair Hearing Request form can be found at https://www.dhs.wisconsin.gov/forwardhealth/resources.htm
Unsubsidized and Trial Jobs Complaints	**Equal Rights Office** P.O. Box 8928 Madison, WI 53708 608-266-6860 (voice) 608-264-8752 (TDD) **Equal Rights Office** 819 North Sixth Street, Room 255 Milwaukee, WI 53203 414-227-4384 (voice); 414-227-4081 (TDD) **U.S. Equal Employment Opportunity Commission** 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) **Milwaukee District Office** 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)
Senior Community Service Employment Program (SCSEP)	**Department of Health Services,** **Division of Long Term Care, Bureau of Aging and Disability Resources,** Laura Langer, DHS/ BADR 1 West Wilson Room 551 Madison, WI 53707 608-422-1127 (voice)
Local Workforce Development Area, Equal Opportunity Officer State DWD-DET Equal Opportunity Officer	**Gina Brown** **Workforce Connections, Inc.** 2615 East Avenue South, Suite 300 La Crosse, WI 54601 608-386-1629 Wisconsin Relay (711) **Susana Vazquez Garcia, Equal Opportunity Officer** **WI Department of Workforce Development** 201 E. Washington Ave, Room EI00 P.O. Box 7972 Madison, WI 53707-7972 608-405-4067 (Voice) 711 (TTY access via WI Relay) DETEOContact@dwd.wisconsin.gov

You also have the right to file a formal complaint with a federal agency.	
Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.	**Office for Civil Rights** **U.S. Department of Health and Human Services** 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 202-619-0403 (Voice) 800-537-7697 (TTY) **U.S. Dept. of Health and Human Services** **Office for Civil Rights – Region V** 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 312-886-2359 (Voice) 315-353-5693 (TTY)
Formal Discrimination Complaint about any program.	**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) **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)
Department of Labor, Civil Rights Center Director	**Director, Civil Rights Center (CRC)** U.S. Department of Labor 200 Constitution Avenue, N.W., Room N-4123 Washington, DC 20210 Or electronically as directed on the CRC website at www.dol.gov/crc
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.	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 **complete the USDA Program Discrimination Complaint Form AD-30** found online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002508-11-28-17Fax2Mail.pdf , from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to: (1) Mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or (2) Fax: (833) 256-1665 or (202) 690-7442; or (3) Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov **This institution is an equal opportunity provider.**

Workforce Connections, Inc.
GRIEVANCE FORM

If you need help completing this form please contact:

Equal Opportunity Coordinator	Phone (Voice)	Phone (TTY)
Gina Brown	(608) 386-1629	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
☐ Grievance Resolved: If so, how and date.
☐ Grievance Unresolved: Please outline status

Action taken by EO Officer
☐ Grievance Resolved: If so, how and date.
☐ 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 _____

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