

Oswego County Workforce New York WIOA Title I Complaint/Grievance Procedure

Local Workforce Development Area Name: Oswego County

Designated Grievance Officer: Elizabeth Barone-Kapuscinski, Senior Employment Specialist
Linda MacDougall, Senior Employment Specialist

Phone: (315) 591-9010 (Elizabeth Barone-Kapuscinski)
(315) 591-9030 (Linda MacDougall)

Email: elizabeth.kapuscinski@oswegocounty.com
linda.macdougall@oswegocounty.com

Designated Hearing Officer: Kim Sizemore, Coordinator of Client Services

Phone: (315) 591-9031

Email: kim.sizemore@oswegocounty.com

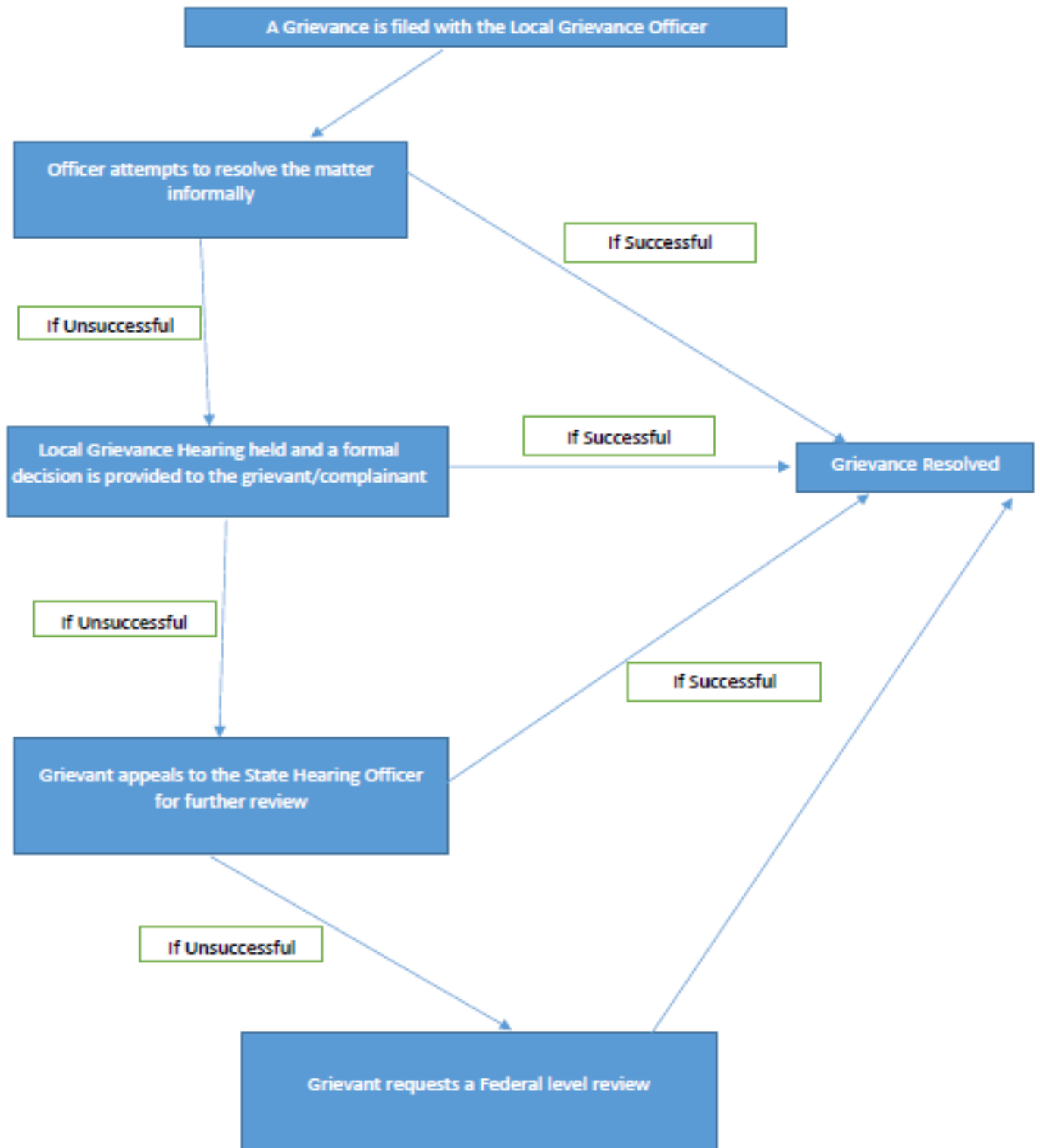
1. The process starts when a complaint/grievance is filed with the Grievance Officer. The officer must log the complaint and review it to seek a resolution.
 - a. While not required, customers are encouraged to file complaints using the Customer Complaint Information Form which can be obtained at your local Career Center.
2. A hearing will be scheduled at least thirty (30) days, but no more than forty-five (45) calendar days from the filing of the complaint/grievance to provide the person or entity (Complainant) with an opportunity to present witnesses and other evidence.
 - a. Notice of the grievance hearing shall be in writing and include: the date, the time and place of hearing; a statement of the law and regulations under which the hearing is to be held; and a short and clear statement of the complaint/grievance.
 - b. Note that if the Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.
3. At the Local Area level, a written Decision must be issued to the Complainant by the Hearing Officer within sixty (60) calendar days of the filing of the complaint/grievance.
4. Complainants not in receipt of a written decision within sixty (60) calendar days of filing the complaint/grievance have the right to request a State Level Review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision. The request for State Level Review must be filed with the State Level Grievance officer. State Level appeals must be submitted by certified mail, return receipt requested to:

State Level Grievance Officer
New York State Department of Labor
W. Averell Harriman State Office Building Campus
Building 12, Room 440
Albany, NY 12240-0001
5. The Complainant also has the right to request a State Level Review of an adverse decision issued by the Local Level Hearing Officer. Such request must be filed with the State Level Grievance Officer within ten (10) calendar days of receipt of the adverse decision.

6. State Level Review shall only proceed to the extent that a Local level hearing has been held, finding of fact made, and a decision rendered. If not, the State Level Grievance Officer shall return the complaint/grievance to the Local Level Grievance Officers with instructions on how to complete the review and hearing process.
7. To the extent that Local Level Hearing is complete, requests to review the local Level Hearing decision shall be limited to any allegations of procedural errors or errors in interpreting or applying the law. Findings of Fact must occur at the Local Level. Any finding at the State Level indicating that errors were made at the Local Level in making Findings of Fact will be returned to the Local Level for further review.
8. If a State Level Review is requested, the State Level Grievance Officer shall investigate the complaint/grievance, seek resolution, and issue a written decision within sixty (60) calendar days of receipt of request for a review by the Complainant.
9. A hearing will be scheduled at least thirty (30) calendar days, but no more than forty-five (45) calendar days, from the filing of the complaint/grievance.
 - a. Note that if the State Level Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.
10. Complainants either not given a hearing or who did not receive a hearing decision within sixty (60) calendar days of requesting State Level Review, and which were not remanded back to the local Level, have the right to request a Federal Level Review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision.
11. Complainants in receipt of a written State Level hearing decision, have the right to request a Federal Level Review. Such a request must be filed within ten (10) calendar days from the date on which the Complainant received the written hearing decision. Such request must allege either procedural violations or errors in interpreting or applying the law at a lower level hearing. Federal Level Appeals must be submitted by certified mail, return receipt requested, to Secretary, U.S. Department of Labor, Washington, DC 20210. Attention: ASET. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator (address below) and the opposing party.

U.S. Department of Labor
Employment and Training Administration
25 New Sudbury Street
John F. Kennedy Federal Building, Room E-350
Boston, MA 02203

WIOA Grievance Procedure



Local Hearing and Decision – Required Elements

- A. Hearing Notice. The notice of the hearing must include:
1. The date, time, place and purpose of the hearing;
 2. A statement of the law and/or regulations under which the hearing is to be held;
 3. A reference to the particular sections of the statutes or rules involved, where possible; and
 4. A short and plain statement of the matters asserted. It shall be sent to the party requesting the hearing and to all other parties at least five (5) business days before the date of the hearing whenever feasible.
- B. Hearing Guidelines:
1. At a minimum, the hearing shall be recorded. However, the audio needs to be of such quality that a transcript can be made from it. Alternatively, a reporter can be brought in to make a transcript at the hearing.
 2. The complainant may be represented by an attorney or other designated representatives.
 3. To the extent possible, consistent with a fair determination of the issues, the identity of any person who has furnished information related to an investigation to a WIOA Title I related problem, shall be kept confidential.
 4. Within the limitations of the Freedom of Information Act, the Complainant has a right of access to relevant records and documents that the program and/or Local Area maintains.
 5. The Complainant and Respondent have the right to an opportunity to present evidence relevant to the complaint/grievance, to call witnesses, and to examine and cross-examine other parties and their witnesses.
- C. Hearing Decision. A formal decision must contain the following:
1. Name of Complainant;
 2. Name of Respondent;
 3. State the specific legal authority for holding the hearing;
 4. Date of Hearing;
 5. List of Attendees;
 6. Statement of Issue(s);
 7. Finding of Facts;
 8. Conclusions of Law;
 9. Opinion and Reason for Decision;
 10. Signature of Hearing Officer; and
 11. Date signed.



Customer Complaint Information Form

Complaint number:

Instructions: If you have a complaint, please complete this form and submit it to Career Center staff. If this is a discrimination complaint, you must either submit this form to the Career Center Equal Opportunity officer, or send it to: New York State Department of Labor, Division of Equal Opportunity Development, State Office Campus, Building 12, Room 540, Albany, NY 12240. If needed, attach extra pages and any documents about your claim.

1. Complainant (fill in your information)

First name MI Last name

Address City State Zip

Alternative address (if applicable)

Home telephone Alternate telephone E-mail address

What are the most convenient time and method for us to contact you about this complaint?

SSN (Optional)

I give my consent to share information regarding this complaint to (list name(s) of family members, friends etc. that can receive information regarding your complaint):

2. Respondent (fill in the information for the subject of your complaint) Agency, business or employee you are making complaint against:

Address City State Zip

Telephone

2a. Is the respondent a Career Center? Yes No

If yes, is this complaint regarding Training Customer Service Other

2b. Is the respondent a business? Yes No

If yes, were you referred to this business by Career Center staff? Yes No If yes, when?

2c. Is the respondent a Farm? Yes No

2d. What is your complaint about (check all that apply)?

Wages/unpaid wages Child Labor Health and Safety Working Conditions Housing Transportation

Meals Pesticides Other

2e. Is your complaint about discrimination? Yes No

3. Briefly describe your complaint. Be as clear as possible. If you believe you were discriminated against, Please describe in detail.

a. What happened?

b. Who was involved? (Witnesses, fellow employees, supervisors, etc.) Provide name, address and telephone number, if known.

c. When and where did it happen (include date)?

d.If you believe you were treated differently, describe how. _____

4. Were you offered employment services? Yes No

5. How would you like this complaint to be resolved? _____

If this is a discrimination complaint, fill out numbers 6-10. If this is not a discrimination complaint, go to number 11.

6. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Race (specify) _____ | <input type="checkbox"/> Color (specify) _____ |
| <input type="checkbox"/> Religion (specify) _____ | <input type="checkbox"/> National Origin (specify) _____ |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Arrest & conviction record (specify) _____ |
| <input type="checkbox"/> Disability (specify) _____ | <input type="checkbox"/> Marital status (specify) _____ |
| <input type="checkbox"/> Citizenship (specify) _____ | <input type="checkbox"/> Genetic predisposition & carrier status (specify) _____ |
| <input type="checkbox"/> Sexual harassment _____ | <input type="checkbox"/> Veteran status (specify) _____ |
| <input type="checkbox"/> Age (specify date of birth) ___/___/___ | <input type="checkbox"/> Sexual orientation _____ |
| <input type="checkbox"/> Political affiliation (specify) _____ | <input type="checkbox"/> Victim of Domestic Violence _____ |
| <input type="checkbox"/> Reprisal/retaliation (specify) _____ | <input type="checkbox"/> Other (specify) _____ |

7. Why do you believe these events happened? _____

8. Do you have an attorney or other representative for this complaint? Yes No If "Yes," please fill out the following:

Name _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____

9. Have you filed a case or complaint about this incident with any of the following?

- | | |
|---|--|
| <input type="checkbox"/> US Dept. of Justice, Civil Rights Division | <input type="checkbox"/> NYS Dept. of Labor, Division of Equal Opportunity Development |
| <input type="checkbox"/> US Equal Employment Opportunity Commission | <input type="checkbox"/> NYS Division of Human Rights |
| <input type="checkbox"/> US Dept. of Labor, Civil Rights Center | <input type="checkbox"/> Federal or State Court |
| <input type="checkbox"/> Other _____ | |

10. For each agency checked in number 9, please fill out the following information:

Agency _____ Date Filed ___/___/___	Agency _____ Date Filed ___/___/___
Case or docket no. _____	Case or docket no. _____
Date of trial or hearing _____	Date of trial or hearing _____
Location of agency or court _____	Location of agency or court _____
Name of investigator _____	Name of investigator _____
Status of case _____	Status of case _____
Comments _____	Comments _____

Complainant Signature _____ Date _____

Staff receiving complaint _____ Date _____

(Print Name)

Signature

Career Center _____ Telephone (____) _____

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.