



**CATTARAUGUS-ALLEGANY
WORKFORCE INVESTMENT BOARD, INC.
AND IT'S ONE-STOP CENTERS AND SYSTEM PARTNERS**

**WORKFORCE INVESTMENT ACT
NON-CRIMINAL COMPLAINT RESOLUTION
POLICIES AND PROCEDURES**

INTRODUCTION

This procedure is designed to ensure that each customer of the Cattaraugus-Allegany One-Stop System, and each other interested party, is afforded ample opportunity to be heard and to resolve, informally or formally, his or her non-criminal complaints or grievances.

In the case of allegations of criminal conduct, the individual will be referred to the proper law enforcement agency. In the case of allegations of discrimination or failure to provide equal opportunity, the individual will be provided a notice and guidance, in accordance with the Workforce Investment Area's Non-discrimination Policies and Procedures. Each Center and Partner in the Area's One-Stop System has a designated Equal Opportunity Officer to assist with such issues.

This procedure is to be followed for all other complaints or grievances and also contains within it a process that allows an individual alleging a labor standard violation to submit the grievance to binding arbitration if a collective bargaining agreement covering the parties provides for it.

RULES GOVERNING THE PROCESSES

- Participants will be provided a copy of this Non-Criminal Complaint Resolution Policies and Procedures notice at or before intake at each Center and Partner location. Copies will be prominently displayed for self-service customers as well as at subcontractor locations. They will be hand-delivered and explained to those receiving staff assistance.
- Each Center and each Partner will assign a senior staff person, to be known as the Program Complaint Resolution Officer to receive complaints and grievances; conduct an impartial investigation of the complaint resolve the matter(s) informally, if possible; refer unresolved matters on to the next level; and record and report the process, as indicated.
- The WIB Fiscal & Program Monitor will be the Local Area Complaint Resolution Officer, responsible for ensuring that policies and procedures are disseminated and carried out, that the staff is trained and that arrangements for Local Hearings are made.
- Complaints and grievances must be filed within 1 year of occurrence. If no resolution is reached, a Hearing is to be held no later than 30 days from the date of the complaint/grievance. A written decision is to be issued within 60 days of the date of the complaint/grievance. If no written decision is issued within 60 days, the complainant must request a review by the Governor within 15 days of that 60th day. If an adverse decision is received, a request for this review must be filed within 10 days of receipt. The Governor will issue a decision within 30 days of the receipt of the request for review.

WORKFORCE INVESTMENT ACT (WIA) and NON-WORKFORCE INVESTMENT ACT (Non-WIA) COMPLAINTS/GRIEVANCES

A complaint or grievance may relate to the provisions, rules, regulations or policies that are contained within or stem from the implementation of the Workforce Investment Act of 1998 (WIA), established at the Federal, State or local level. In these cases, a participant, staff member or other interested party who alleges that the Local Area (including the WIB Office and the One-Stop System Centers, Partners, affiliates or subcontractors) has violated one or more of these requirements, will be asked to put in writing the substance of the complaint or grievance and to sign and date the document. (See attached Cattaraugus-Allegany Local Area Complaint Form)

A complaint or grievance may not relate to the Workforce Investment Act, in which case it will be logged by the Program Complaint Resolution Officer (PCRO) and referred to the appropriate agency or agencies for resolution.

Any question that the PCRO may have as to whether a complaint or grievance should be taken as WIA-related should be referred to the Local Area Complaint Resolution Officer.

WIA-RELATED COMPLAINT PROCESS

- Within one year of the alleged occurrence the complainant will file a formal written complaint on the Cattaraugus-Allegany Local Area Complaint Form and submit this Form to the Program Complaint Resolution Officer (PCRO).
- The PCRO will, within 2 weeks of the receipt of a written WIA-related complaint 1) register the complaint on the Local Area Complaint Log 2) review the complaint and make referrals and/or provide information/assistance to the complainant, as indicated 3) conduct an impartial investigation of the allegations in the complaint/grievance 4) record evidence that supports or disproves the allegations 5) meet with the complainant to discuss the evidence and propose a resolution and 6) if there is no resolution, notify the Local Area Complaint Resolution Officer (LACRO) that a hearing needs to be scheduled.
- The LACRO will, within 30 days of the date of the filing of the complaint/grievance, 1) review the PCRO – submitted written complaint, investigation results and record of the attempted resolution 2) make arrangements with a Local Area Hearing Officer to schedule and conduct a Hearing, ensuring that a hearing is scheduled within 30 days of the date the complaint was filed and providing a Hearing Notice and Guidelines to all parties, to the extent possible at least 7 days before the hearing 3) ensure that a written decision is made by the Local Area Hearing Officer (LAHO) within 60 days of the date that the complaint was filed and 4) notify the complainant in writing of his/her recourse, that being a Governor's review if matter that lacks a written decision within 60 days or if there is an adverse decision.
- The LAHO will 1) regulate the course of the hearing 2) assure that all relevant issues are considered 3) rule on the introduction of evidence and testimony 4) take any other action, consistent with the due process, that are necessary to ensure an orderly, impartial and fair hearing 5) attempt to resolve the dispute by conciliation at any time prior to the conclusion of the hearing and 6) cause the hearing to be recorded and 7) issue a written decision to, at minimum, the complainant, respondent and LACRO within specified time frames.

WIA-RELATED COMPLAINT PROCEDURES

Notification

Each One-Stop System Center, Partner, affiliate, service provider and subcontractor will provide written notice, in the form of pages one and two of this document, to all WIA participants at intake. Pages one and two of this document, as well as the Cattaraugus-Allegany Local Area Complaint Form, will be made available in each Center and Partner reception/resource area and assistance in filing a complaint will be made available upon request.

Complaint Log

Each Center, Partner, affiliate, service provider and subcontractor will maintain a log of complaints and grievances on the supplied form, which will be made available, upon request to the WIB Executive Director, the Local Area Complaint Resolution Officer.

Local Area Complaint Resolution

1. Initial Investigation

- a. When a complaint has been identified as WIA-related, the complainant must be informed of the Policies and Procedures and his/her rights within them. He or she will be provided with the Local Area Complaint Form and advised about the content required. However, if the individual files a written, signed and dated complaint in another form that provides sufficient information to the Program Complaint Resolution Officer (PCRO), that document will be treated as if it were in the established form.
- b. If a written complaint is received that does not provide sufficient information to understand the nature of the complaint and properly investigate the allegations the PCRO will request and record additional information from the complainant.
- c. During the initial discussions with the complainant the PCRO should:
 - i. make every effort to obtain all of the information perceived to be necessary to investigate the complaint.
 - ii. explain the need to maintain contact during the complaint investigation.
 - iii. offer to assist the complainant through the provision of appropriate WIA services.
 - iv. find out from the complainant what the complainant needs in order to consider the complaint resolved (what relief is sought).
- d. The PCRO will then make appropriate inquiries with any staff or others who have knowledge of the allegation or occurrence and obtain any documents that support or disprove the allegations.
- e. All steps taken to document and resolve the complaint will be recorded. The methods used in the complaint investigation may include, but are not limited to, analyzing the complaint and available background material, interviewing, examining records, obtaining documents, obtaining written statements, observing and meeting with the complainant and respondent, separately or together. The objective of these efforts is settlement between complainant and respondent.

WIA-RELATED COMPLAINT PROCEDURES (continued)

2. Program Level Complaint Resolution

The complaint or grievance is considered to be resolved at the program level when at least one of the following is **documented**:

- a. The complainant indicates satisfaction with the outcome.
- b. The complainant chooses not to elevate the complaint to the next level of review.
- c. The complainant withdraws the complaint for any reason, at any time during the process.
- d. The complainant (or his or her authorized representative) fails to respond to a written request by the PCRO or the LACRO (WIB Executive Director) within 10 calendar days of the date of a written request.

3. Local Area Hearing Level Complaint Resolution/ State Level Review of Adverse Decisions

If the complaint is not resolved at the program level within 14 calendar days:

- a. the PCRO will notify the LACRO that a hearing should be scheduled on a date no later than the 30th day from the date of the filing of the written complaint or grievance.
- b. the PCRO will continue to pursue resolution at the program level and notify the LACRO if a resolution occurs prior to the date of the scheduled hearing.
- c. the LACRO will make arrangements for the hearing with a Local Area Hearing Officer (LAHO) and send written notices to the complainant and his or her representative, if any; the respondent(s); the PCRO and any other interested parties. Along with the notice, the LACRO will send information about how to prepare for the hearing and what to expect at and after the hearing. The notice and information will be set, if at all possible at least 7 calendar days prior to the hearing date. (See attached for Hearing Notice Contents and Hearing Guidelines).

The hearing will only be scheduled on, or postponed to, a date later than the 30th day after the date of the written complaint or grievance if the complainant makes a written request that this be done. This written request may be received by the PCRO or the LACRO, either of whom must forward a copy to the other and to the LAHO immediately upon receipt.

The LAHO will issue his or her determination in writing within 60 days of the date of the filed complaint. This written determination will be sent, at minimum, to the complainant, respondent, PCRO and LACRO.

A notice of the complainant's right to file a request for a review by the Governor and instructions as to how to proceed will be sent to the complainant when the decision is rendered. If the decision is not rendered within 60 days it will be the responsibility of the LACRO to forward the notice and information about the complainant's right to request a review by the Governor immediately. The complainant must file such a request within 15 days of an adverse hearing decision or within 10 days of the 60th day if no decision is rendered by that time. (See attached Right to Review Notice).

The Governor will have 30 days from the receipt of the request to conduct the review and issue a final decision.



**Cattaraugus-Allegany
Workforce Investment Board, Inc.**

Local Area Non-Criminal Complaint Form

Complainant: Please complete this form to the best of your ability. If you need assistance in filling out this form, you should ask for the Program Complaint Resolution Officer to arrange for help by someone who is not involved with your complaint. If you do not have one already, ask for a copy of the "Non-Criminal Complaint Resolution Policies and Procedures" for information about how your complaint will be handled.

Note: If you feel that you have been discriminated against due to race, color, religion, sex, national origin, age, disability or political affiliation or belief, **do not complete this form;** instead, ask for the EEO Policies and Procedures and an "Equal Opportunity Employment Complaint Information Form."

1. YOUR NAME AND ADDRESS (Please print)

2. YOUR PHONE #: _____(home) _____(work)

4. When and where is it best to reach you? _____

5. Your Social Security # (Optional): _____

6. Were you applying for or enrolled in a Workforce Investment Act (WIA) activity (testing/assessment, work search, workshop, training etc.) at the time of the action resulting in your complaint? Yes No Do not know

If "No" or "Do not know" you should contact the Equal Opportunity Officer to discuss the best way to make your complaint.

7. Which agency(ies) and staff person(s) is/are involved in this complaint? _____

8. As best you can remember, when did the acts that led to this complaint take place?

Date of the first time: _____ Date of the most recent time: _____

9. Briefly describe what happened or did not happen to cause your dissatisfaction:

10. What problem do you claim was a result of this action or inaction?

11. Have you tried to resolve this with the involved person/agency? Yes No If yes, please describe what took place when you tried:

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

13. Is there any other information that we should know about so that we fully understand your complaint? Yes No If yes, please provide that information:

The statements I have made on this form are true and accurate:

Signature Date

Please return this form to:

Cattaraugus-Allegany Workforce Investment Board, Inc.
Jason Miller, Fiscal & Program/EEO Officer
One Blue Bird Square – Lower Level
Olean, NY 14760
Phone: (716) 806-0060/Fax: (716) 806-0062

If your complaint is against a One Stop Partner Agency, it will be forwarded to that agency for resolution. **If your complaint is not resolved at the agency level to your satisfaction within 14 days, it will be forwarded to the Local Area Complaint Resolution Officer and a hearing will be scheduled, so that both you (the complainant) and the agency can present their positions to an impartial Hearing Officer, who will make a decision related to the complaint.**



**CATTARAUGUS-ALLEGANY
WORKFORCE INVESTMENT BOARD, INC.
AND ITS ONE-STOP CENTERS AND SYSTEM**

**Equal Employment Opportunity
Complaint Information Form¹**

COMPLAINANT: Please complete this form to the best of your ability. You may request assistance in filling out the form from anyone you choose. If you need assistance and do not have a personal representative, please tell the Equal Opportunity Officer and (s)he will ask a person who is not involved with your complaint to help you. The Equal Opportunity Officer is listed in the handout called "EQUAL OPPORTUNITY IS THE LAW" which can be received at any One Stop Center or Partner location. **If you do not have this handout, you should ask for it.** It tells you about the types of discrimination or lack of equal opportunity that this complaint process covers and tells you how the process will take place. The Equal Opportunity Officer contact information is also listed at the bottom of page 3 of this form.

1. YOUR NAME AND ADDRESS (Please print)

2. YOUR PHONE #: _____(home) _____(work)

3. Were you applying for or enrolled in a Workforce Investment Act (WIA) activity (testing/assessment, work search, workshop, training etc.) at the time that you feel that you were discriminated against?

Yes No Do not know. *If "No" or "Do not know" you should contact the Equal Opportunity Officer to discuss the best way to make your complaint.*

4. When and where is it best to reach you? _____

5. Your Social Security # (Optional): _____

6. Which agency(ies) and staff person(s) is/are involved in this complaint? _____

7. As best you can remember, when did the acts that led to this complaint take place?

Date of the first time: _____ Date of the most recent time: _____

8. On what basis do you feel you have been discriminated against?

Race Color Religion National Origin Sex Age Disability Political Affiliation
Citizenship Reprisal/Retaliation Other

9. Do you think that the discrimination against you involved:

Seeking, obtaining or retaining employment.

¹Patterned after U.S. Department of Labor form DL1-2014a.
Rev. 5/09

- Using the agency's facilities and/or resources.
- Receiving services or benefits from the agency.

10. Have you tried to resolve the complaint with the involved agency? Yes No

If yes, please describe when and how the attempt(s) to resolve the complaint with the agency took place:

If yes, what was the date that you first filed or attempted to file your complaint with the involved agency? _____.

11. Please explain what happened and how you were discriminated against. Be sure to include who was involved and how other people were treated differently than you. Attach any written information about your case.

12. Why do you think that this occurred?

13. What other information should we know in order to investigate properly?

14. If the complaint is resolved to your satisfaction, what remedies to you seek?

15. Do you have an attorney? Yes No . If yes, please provide his/her name, address and phone number:

16. Have you filed your complaint with any of the following? Yes No . If yes, please complete the requested information.

a. Civil Rights Division, U.S. Department of Justice:

Date filed: _____ Status of the case: _____

Case or docket # _____ Date of trial or hearing _____

Location of agency or Court _____

Name of the investigator: _____

Comments:

b. U.S. Equal Opportunity Employment Commission:

Date filed: _____ Status of the case: _____

Case or docket # _____ Date of trial or hearing _____

Location of agency or Court _____

Name of the investigator: _____

Comments:

c. Federal or State Court:

Date filed: _____ Status of the case: _____

Case or docket # _____ Date of trial or hearing _____

Location of agency or Court _____

Name of the investigator: _____

Comments:

d. Your State or local Human Relations/Rights Commission:

Date filed: _____ Status of the case: _____

Case or docket # _____ Date of trial or hearing _____

Location of agency or Court _____

Name of the investigator: _____

Comments:

Please return this form to:

Cattaraugus-Allegany Workforce Investment Board, Inc.
Jason Miller, Fiscal & Program/EEO Officer
One Blue Bird Square – Lower Level
Olean, NY 14760
Phone: (716) 806-0060/Fax: (716) 806-0062



**Cattaraugus-Allegany Workforce Investment Board, Inc.
And its One Stop Centers and Partners**

**CONSENT AND RELEASE TO USE PERSONAL
INFORMATION FOR PURPOSES OF INVESTIGATING
ALLEGATIONS OF DISCRIMINATION**

NOTICE

The Administrative Assistant of the Cattaraugus-Allegany Workforce Investment Board, Inc. is designated as the Equal Employment Opportunity (EEO) Officer for the two-county Workforce Investment Area. Acting in this capacity, this individual is authorized to conduct investigations into complaints submitted by persons who claim to have been discriminated against on the basis of race, color, national origin, citizenship, age, sex, disability or political affiliation or belief when they relate to programs or businesses that receive Federal Workforce Investment Act (WIA) funds.

In order to conduct a thorough and accurate investigation of the facts, it may be necessary for the EEO Officer to reveal the nature of the complaint to individuals that reportedly have information to bring forth related to the allegations being made. These individuals may include the subject(s) of the complaint and others who the complainant or subject have identified as having knowledge of the circumstances related to the complaint. In addition, the EEO Officer may need to review otherwise confidential documents and records that relate to the complaint that has been filed.

The EEO Officer, in the course of his or her investigation, will be privy to certain personal information about the complainant, such as age, health or marital status. It may be necessary to reveal some of this information in order to progress with the investigation.

ASSURANCES

Personal information that is provided by the complainant will not be revealed without permission of the complainant. Even if that permission is granted, no personal information will be revealed unless it is necessary to complete the investigation, resolve the complaint or conduct enforcement activities, unless the EEO Officer is required to do so under provisions of the Freedom of Information Act.

The complainant may request and receive, at any time, copies of all personal materials the EEO Officer maintains in the complainant's personal file for investigation purposes.

If the complainant does not understand, has questions about, or wants more detailed information on policies related to the use of personal information, the EEO Officer will provide additional materials, upon request.

CONSENT

I have read the NOTICE and ASSURANCES sections above, and have had an opportunity to receive further information and clarification about policies effecting release of personal information. My signature below shows that I agree to the EEO Officer revealing my identity and pertinent personal information to the subject(s) of my complaint in order to conduct a thorough and accurate investigation. I know that I am not required to sign this consent for the release of personal information, but am aware that if consent **is not granted**, the EEO Officer may be unable to conduct the investigation or produce a finding.

I, (*print name*) _____, agree to the necessary disclosure of personal information.

Signature: _____

Date: _____



Cattaraugus-Allegany Workforce Investment Board, Inc.
and its One Stop Centers and Partners

**EEO DISCRIMINATION COMPLAINT
REQUEST FOR ALTERNATIVE DISPUTE RESOLUTION**

Name of Complainant: _____

Complainant Address: _____

I hereby request an Alternative Dispute Resolution (ADR) to be conducted by the Dispute Settlement Center to resolve my complaint. I understand that if I make this request while the investigation into my complaint is underway, the EEO Officer has the discretion to continue the investigation or halt the investigation and defer to the ADR process. If, the EEO Officer decides to continue the investigation and a Notice of Final Action is issued, I understand that I will have recourse at the State or Federal level.

Signature: _____ Date: _____

Please return this original form to the Cattaraugus-Allegany Workforce Investment Board, Inc. Offices at One Blue Bird Square, Lower Level, Olean, NY 14760.

EEO Officer Use Only

Date Request Received: _____ **Date Complaint Filed/Received:** _____

Investigation Started: ___ Yes ___ No

Investigation Halted for ADR Process: ___ Yes ___ No

If "No," state reason: _____

If "Yes," list date, time and location of mediation conference: _____

Both parties notified: ___ Yes ___ No **Date Notified:** _____