

BEFORE YOU FILE A GRIEVANCE

Workforce Innovation and Opportunity Act (WIOA) funded programs are free services designed to assist you in your search and preparation for employment.

There may be a time however, that as a participant, you may become dissatisfied with the program or the way you have been treated. If this is the case you should try to address the issue internally: by first having a discussion with the responsible individual(s); and if this is not possible, by then seeking a discussion with their supervisor (or career advisor if appropriate). Addressing the problem at this level is oftentimes very helpful and typically results in a quick resolution of the matter. If this approach proves to be unsuccessful and the problem remains unresolved, you should then start the formal grievance process.

HOW TO FILE A FORMAL GRIEVANCE

You have up to 1 year to file a grievance. Your grievance must be in writing using the attached Grievance Information Form, and should include the following information:

- ▶ Your full name, address, and a phone number where you can be reached;
- ▶ The name and address of the person(s) or organization that the grievance is against;
- ▶ A statement of how you would like the matter to be resolved (e.g., if the agency finds in your favor what you would like to see happen or to receive); and
- ▶ A clear statement of the facts (e.g., what happened and the date(s) the problem occurred); and
- ▶ Your grievance must be signed and dated.

You may file your grievance with the WIOA Grievance Officer at:

NYC Department of Small Business Services

1 Liberty Plaza, 11th Floor
New York, NY 10006

GRIEVANCE TIMELINE

STEP/1

Within 5 days from the receipt of your written grievance, the WIOA Grievance Officer will send a Letter of Acknowledgment. ▶

STEP/2

The WIOA Grievance Officer has 60 days to attempt to resolve the matter at the local level. A formal hearing will be scheduled at least 30 but no more than 45 days from the filing of the grievance to provide you an opportunity to present your evidence.

STEP/3

Within 60 days from the date the original grievance was received, and or upon conclusion of the hearing process (whichever is sooner), the WIOA Grievance Officer will issue a written decision.

STEP/4

You may file an appeal with the New York State Department of Labor's (NYS DOL) WIOA Grievance Officer within 10 days from the receipt of the local WIOA Grievance Officer's written decision.

STEP/5

If however, you do not receive a written decision within the 60 day period from the Grievance Officer, you may request a review directly from the NYSDOL WIOA Grievance Officer. This request must be written and filed within 15 days from the date you should have received the original written decision.

You may file your appeal with:

WIOA Grievance Officer

NYS Department of Labor
State Office Campus Building 12#, Room 440
Albany, NY 12240

STEP/6

NYSDOL has 60 days from the receipt of your request to issue a decision. In order for your grievance to be processed by NYSDOL, your grievance must also be written. A State-level hearing will be scheduled at least 30 but no more than 45 days from the filing of the grievance.

STEP/7

If you do not receive a hearing, or a hearing decision is not made within 60 days, or you are dissatisfied with the disposition of your grievance, you may file an appeal by writing directly to:

Secretary of Labor

U.S. Department of Labor
Frances Perkins Building, Room N5309
200 Constitution Avenue NW
Washington, D.C. 20210
Attn: ASET

In addition, to filing with USDOL, a copy of your appeal must simultaneously be sent to the appropriate ETA Regional Administrator and the opposing party.

PROGRAMMATIC GRIEVANCE PROCEDURE

1. GRIEVANCE INFORMATION FORM

Name:

Address:

Home phone:

Work phone:

Cell phone:

2. RESPONDENT'S INFORMATION

In the space provided, list the name of the individual(s) and the location of the alleged incident (if more space is needed attach additional sheet(s)).

3. Provide the date of occurrence:

Provide the date of the most recent incident: (If there was more than one instance)

4. To the best of your knowledge, which of the following Department of Labor programs were involved (check one):

- NYC Workforce1 Career Center
- Unemployment Insurance
- Employment Service
- Trade Adjustment Assistance
- Older Americans
- Individual Training Accounts
 - a) Career Center b) Training Provider
- Other

5. Basis of Grievance (check one):

- Your job or seeking employment? or
 - Your using facilities or someone providing/not providing you with services or benefits?
- If so which of the following were involved?
- Training
 - Intimidation/Reprisal
 - Harassment
 - Union Activity
 - Union Representation
 - Placement
 - Other

6. Explain as briefly and as clearly as possible what happened. Be sure to indicate who was involved and how other persons were treated differently from you if necessary, you may also attach additional written material pertaining to your case.

7. What other information do you think is relevant to our investigation?

8. If this grievance is resolved to your satisfaction, what remedies do you seek?

9. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to further support your response (if necessary feel free to attach additional written material).

10. Have you filed a case or complaint with any of the following?

- NYS Department of Labor (NYS DOL)
- Federal or State Court
- Your State or local human relations/rights commission nyc.gov/humanrights

11. For each item checked above, please provide the following information (if you have checked more than one attach additional pages).

Agency:

Location of Agency or Court:

Date Filed:

Name of Investigator:

Case or Docket Number:

Status of Case:

Date of Trial or Hearing:

12. (The grievance is not valid unless it is signed)

Signature _____ Date _____