



SULLIVAN COUNTY WIOA GRIEVANCE AND DISCRIMINATION COMPLAINT PROCEDURES

You may file a written grievance and/or complaint that your rights were violated in connection with your participation in a Workforce Innovations and Opportunity Act (WIOA) funded program. You must file within one year of the violation unless an earlier time frame is noted. No one may act against you for filing or giving information about a grievance and/or a complaint.

The procedures for resolving WIOA-related grievances and discrimination complaints are separate and distinct procedures depending on the nature of the grievance or complaint.

I. WIOA GRIEVANCE PROCEDURE

1. You have a right to file a grievance about a WIOA-funded program. You **MUST FILE** your grievance with the Director or Designee of the program, who is responsible for resolving grievances. Your grievance must be in writing. You may use the WIOA Grievance Complaint Form that can be obtained by contacting the Designee. **YOU SHALL NOT BE TERMINATED, DISCRIMINATED, OR RETALIATED AGAINST BECAUSE YOU HAVE FILED A GRIEVANCE.**

**April Rodriguez Walsh
Center for Workforce Development
50 North Street
Monticello, NY 12701
845-794-3340**

2. Your grievance will be investigated by the Director or the Designee and you should receive a Notice of Disposition within ten (15) calendar days from the date you filed your written grievance. It will be sent to you by both the certified and regular first class mail. A copy of your grievance and the disposition will also be sent to the Director of the Center for Workforce Development.
3. If you are dissatisfied with the resolution of your grievance and want to appeal it, you have five (5) calendar days from the day you receive the Notice of Disposition to file a written appeal with the Sullivan County Center for Workforce Development. You may file your appeal with the Director.
4. Upon receipt, your appeal will be investigated and reviewed by the Director of the Center for Workforce Development. A Notice of Determination will be sent to you within fifteen (15) days by the Director. It will be sent to you by both certified and regular first class mail.

A copy of the determination will also be sent to the Commissioner of Human Resources and the Executive Director of the Workforce Development Board. If you are not satisfied with the determination, you may request a hearing, which will have been scheduled by the Commissioner prior to the conclusion of the investigation by the Director of the Center for Workforce Development. The hearing will be held, if necessary, within thirty (30) calendar days of the receipt of your written appeal. You will be notified in writing, by certified and regular first class mail, of the date, time, and place of the hearing. At this hearing, you may have an attorney or other designated representative present, bring with you records, documents, and witnesses, if you desire. The hearing decision will be made no later than sixty (60) days after the date you filed your written appeal with the Commissioner.

5. If you are dissatisfied with the hearing decision and want to further appeal it, you have ten (10) days from the day you receive the hearing decision to file a written appeal with the New York State Department of Labor. You may file your appeal with:

**WIOA Grievance Officer
New York State Department of Labor
State Office Building #12
Albany, NY 12240**

6. The WIOA Grievance Officer, acting on behalf of the Governor, has thirty (30) days from receipt of the appeal of the DOE hearing decision to issue a decision. THE WIOA GRIEVANCE OFFICER'S DECISION IS FINAL. If the WIOA Grievance Officer does not decide within thirty (30) days, you may ask for a Federal review by writing directly to:

**Office of Civil Rights
201 Varick Street Room
Albany, NY 10014**

II. DISCRIMINATION COMPLAINT PROCEDURE

1. You have a right to file a complaint alleging discrimination based on race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries of federal assistance programs only, citizenship or participation in programs funded under the WIOA, as amended, in admission or access to, opportunity or treatment in, or employment in the admission of or in connection with any WIOA-funded program, activity, or any activity of the New York State Department of Labor, with the **New York State Department of Labor's (NYSDOL) Director of the Division of Equal Opportunity Development (DEOD)(EEOC)**.
2. You may file your written discrimination complaint by using the United States Department of Labor Discrimination form and send it directly to the DEOD:

**Division of Equal Opportunity Development
New York State Department of Labor
State Office Building 12 Room 576
Albany, NY 12240
Phone: 518-457-1984
(TDD) 1-800-662-1220
(Voice) 1-800-421-1220**

3. You may choose to file your written discrimination complaint using the USDOL Discrimination Complaint Information form directly with the United States Department of Labor (USDOL):

**Director
Civil Rights Center
United States Department of Labor
200 Constitution Ave, NW Room N-4123**

4. All complaints must be filed within 180 days of the occurrence of the violation.
5. If you have filed with the NYSDOL DEOD, you must wait until a decision has been issued or until sixty (60) days have passed, whichever comes first, before filing a complaint with the United States Department of Labor's Directorate of Civil Rights (DCR). If the sixty (60) days has passed and no decision has been issued by the NYSDOL DEOD, you may file a complaint with USDOL DCR within thirty (30) days of the expiration of the sixty (60) day period. If you receive a decision from NYSDOL DEOD and are dissatisfied with the resolution of your complaint, you may file with USDOL DCR within thirty (30) days of the date you receive the NYSDOL DEOD's decision.

III. DISABILITY DISCRIMINATION COMPLAINT PROCEDURE

1. You have a right to file a written complaint alleging discrimination on the basis of disability with the ADA Coordinator, if you have been excluded from participation in or been denied the benefits of services, programs, or activities because of disability.
2. All written complaints should be sent to:

**Center for Workforce Development
Sullivan County Government Center
PO Box 5012
50 North Street
Monticello, NY 12701**

3. The ADA Coordinator will provide assistance in filing the complaint for any person who needs a reasonable accommodation filing the written complaint. The written complaint must include the name and address of the person filing the complaint and briefly describe the alleged violation.
4. Written complaints must be filed within thirty (30) days after you become aware of the violation.
5. The ADA Coordinator shall make every effort to attempt to resolve the complaint on an informal basis to achieve a solution that is satisfactory to you and the organization you are complaining about.
6. If the complaint cannot be resolved informally, the ADA Coordinator shall investigate and submit a confidential written report to the Director of the Center for Workforce Development with the proposed findings as to whether the organization's policy or action is consistent with the ADA. If the ADA Coordinator believes the organization's policy or action is not consistent with the ADA, the report shall also recommend corrective action.
7. The Director shall review the ADA Coordinator's report and take any corrective actions s/he determines necessary and appropriate.
8. The ADA Coordinator will inform you of the results of the action taken to resolve the complaint within thirty (30) days of receipt of your written complaint.
9. If you are not satisfied with the resolution of your complaint, you may file an appeal with either:

**Division of Equal Opportunity Development
New York State Department of Labor
State Office Building 12 Room 576
Albany, NY 12240**

Or with:

**Director
Civil Rights Center
United States Department of Labor
200 Constitution Avenue, NW Rm N-4123
Washington D.C. 20210**

IV. SEXUAL HARASSMENT DISCRIMINATION COMPLAINT PROCEDURE

1. You have a right to file a written complaint alleging sexual harassment, which is a form of sexual discrimination prohibited by Title VII of the Civil Rights Act of 1964 and New York State Human rights Law. Sexual Harassment is any unwanted verbal or physical advance, sexually explicit derogatory statements, or sexual discriminatory remarks made by someone which are offensive or objectionable to the recipient, cause the recipient discomfort or humiliation, or interfere with the recipient's job performance.
2. All written complaints should be sent to:

**Center for Workforce Development
PO Box 5012
50 North Street
Monticello, NY 12701**
3. The ADA Coordinator will provide assistance in filing the complaint for any person who needs a reasonable accommodation filing the written complaint. The written complaint must include the name and address of the person filing the complaint and briefly describe the alleged violation.
4. Written complaints must be filed within thirty (30) days after you become aware of the violation.
5. The ADA Coordinator shall make every effort to attempt to resolve the complaint on an informal basis to achieve a solution that is satisfactory to you and the organization you are complaining about.

6. If the complaint cannot be resolved informally, the ADA Coordinator shall investigate and submit a confidential written report to the Director of the Center for Workforce Development with the proposed findings as to whether the organization's policy or action is consistent with the ADA. If the ADA Coordinator believes the organization's policy or action is not consistent with the ADA, the report shall also recommend corrective action.
7. The Director shall review the ADA Coordinator's report and take any corrective action s/he determines necessary and appropriate.
8. The ADA Coordinator will inform you of the results of the action taken to resolve the complaint within thirty (30) days of receipt of your written complaint.
9. If you are not satisfied with the resolution of your complaint, you may file an appeal with either:

**Division of Equal Opportunity Development
 New York State Department of Labor
 State Office Building 12 Room 576
 Albany, NY 12240
 Phone: 518-457-1984
 (TDD) 1-800-662-1220
 (Voice) 1-800-421-1220**

Or with:

**Director
 Civil Rights Center
 United States Department of Labor
 200 Constitution Avenue, NW Rm N-4123
 Washington D.C. 20210**

V. RELEASE OF INFORMATION

I agree to allow the Office of the Center for Workforce Development Specialist _____ to verify all information related to my Individual Service Strategy/Individual Employment Plan. I understand this information may include work history, employment references, drug and alcohol treatment history and recommendations, medical or psychological evaluation information, Social Service records, vocational rehabilitation records (ACCES-VR), New York State Department of Labor information, educational background, BOCES, Child Support Unit, Family Court, and/or parole/probation records. I agree that my employment specialist may discuss relevant aspects of my case with the State, Federal, and County personnel, as necessary, to assist in the development of my employment plan.

I have received a copy of the WIOA Grievance and Discrimination Complaint Procedures and the Release of Information.

Participant	Date
Employment Specialist	Date

