



A proud partner of the AmericanJobCenter network

### Region III Workforce Investment Board Application for WIOA Funding for Adults & Dislocated Workers

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Characteristics:**

Do you have a disability?  Yes  No If yes, does your disability result in a substantial barrier to employment?  Yes  No

Are you a client of Vocational Rehabilitation?  Yes  No If you answered "yes" to any question, please briefly explain your disability:

**Citizenship:**

Are you a U.S. Citizen?  Yes  No If not, are you authorized to work in the U.S.?  Yes  No

Are you registered for Selective Service? (Only men born after 12/31/59)  Yes  No Selective Service Number: \_\_\_\_\_

**Employment Information:**

Are you currently employed?  Yes  No Name of Current/Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Last Date of Work: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving:  Layoff  Termination  Quit  Other: \_\_\_\_\_

If not employed, are you actively seeking employment?  Yes  No

Do you have a poor work history? (Have not worked for the same employer for longer than 3 consecutive months in the past 2 years)  Yes  No

What is the likelihood you will be called back to your previous occupation or industry?  Good  Poor

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**Education:**

Are you currently attending school/training?  Yes  No

If yes, School: \_\_\_\_\_ Program: \_\_\_\_\_

What is the highest grade completed? \_\_\_\_\_

College Degree     High School Diploma     GED/TASC     HS Dropout

Degree/Vocational Training/Certificate/License: \_\_\_\_\_

Are you in default on a federally funded or guaranteed student loan?  Yes  No

Do you currently receive Pell Grant?  Yes  No

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**Number in Household/Income:**

Number of residents in your household (including yourself): \_\_\_\_\_

Are you between 18 and 21 years of age?  Yes  No

If yes, are you claimed as a dependent on someone else's income tax?  Yes  No

Do you receive, or in the past 6 months received, food stamps?  Yes  No If yes, amount: \$ \_\_\_\_\_

Do you receive:

TANF             Yes  No If yes, amount: \$ \_\_\_\_\_

SSI               Yes  No If yes, amount: \$ \_\_\_\_\_

Unemployment    Yes  No If yes, amount: \$ \_\_\_\_\_  
Compensation

**Total household income in the past 6 months (gross income before taxes): \$ \_\_\_\_\_**

Amount past 6 months \_\_\_\_\_ x2 \_\_\_\_\_

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**Military History:**

Are you a military veteran?  Yes  No (if yes, please provide **DD-214**)

Start date of active duty \_\_\_\_\_ End date of active duty \_\_\_\_\_

Did you serve more than 180 days on active duty in the military? (Do not include National Guard or Reserve training time).  
 Yes  No

Have you been awarded a service-connected disability by the Department of Veteran's Affairs since your release from active duty?  
 Yes  No

What is your service-connected disability rating? \_\_\_\_\_%

If less than 30%, has the Department of Veteran's Affairs determined that your service-connected disability results in a serious employment handicap?  Yes  No

Are you a Vietnam Era veteran?  Yes  No

Are you a recently separated veteran?  Yes  No

Disability discharge/release?  Yes  No

**Are you the spouse of:**

- Any person killed in action or who died on active duty of a service-connected disability?
- Any person who died of a service-connected disability?
- Any member of the Armed Forces serving on active duty at the time of application that meets one or more of the following, and has been so for a total of 90 days:
  - Missing in action
  - Captured in the line of duty by hostile forces
  - Forcibly detained/interned in the line of duty by a foreign government or power
  - Any person who has total disability (permanent) resulting from a service-connected disability or of a veteran who died while a disability so evaluated existed

Yes  No

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**Dislocation Information:**

Are you a union member?  Yes  No

Was the dislocation a result of (check one):

Actual Layoff  Termination  Notice of Layoff  Actual Closure  Notice of Closure  Self-Employed

Have you filed for, or exhausted, unemployment benefits?  Yes  No

Name of Employer: \_\_\_\_\_

Date of dislocation: \_\_\_\_\_ Months with Employer: \_\_\_\_\_

Are you a **displaced homemaker**? An individual who has been providing unpaid services to family members in the home, and who:

- Has been dependent on the income of another family member but is no longer supported by that income **AND**
- Is unemployed or underemployed and is expecting difficulty in obtaining or upgrading employment

Yes  No

\*Case Manager Use Only:

At time of Layoff/Dislocation:

NAICS Code: \_\_\_\_\_

O'Net Code: \_\_\_\_\_

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**Barriers/Exceptions Not Previously Listed:**

Are you an Incumbent Worker?  Yes  No If yes, wage: \$ \_\_\_\_\_

Have you had a long-term welfare dependency?  Yes  No

Are you a self-sufficient adult?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor?  Yes  No

**I attest that the information supplied on this application is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**WORKFORCE WV PRIVACY/DISCLAIMER STATEMENT**

By enrolling with WORKFORCE West Virginia, you agree that the American Job Center (AJC) Partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex, and disability status is being required for federal record keeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

**I have read the above statement and agree, indicating so below with my signature, that the Workforce West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign, and notify the individual with whom I am conducting my business.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**INFORMATION VALUES AND PRIVACY POLICY STATEMENT**

Our Consumer Information Values and Privacy Policy are provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choices about the management of personal information. Also, there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

**VALUES**

**Information security is a priority.**

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

**POLICY**

**How we keep information secure.**

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external supplier and partners. Employees who violate or policies and procedures regarding privacy are subject to disciplinary action, and or partners and suppliers are bound to uphold our procedures regarding privacy under the terms of our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information. We limit access to personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

## CIVIL RIGHT STATEMENT

### EQUAL OPPORTUNITY IS THE LAW

As an APPLICANT/CLAIMANT, we welcome you to WorkForce West Virginia.

**It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:**

Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief; **OR,**

Against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship status or participation in any WIOA I-financially assisted program or activity.

**The recipient must not discriminate in any of the following areas:**

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such program or activity; or making decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Equal Opportunity Officer  
WorkForce West Virginia (Recipient)  
112 California Avenue, Room 104  
Charleston, WV 25305  
Phone: 304-558-1600  
TDD: 304-558-1549  
Or WV Relay 7-1-1

OR

Director, Civil Rights Center (CRC)  
US Department of Labor  
200 Constitution Avenue, NW  
Room N-4123  
Washington, DC 20210  
Phone: 202-693-6502  
TTY: 202-693-6515  
<https://www.dol.gov/oasam/programs/crc>

If you file your complaint with the recipient, you must wait until either the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center. If the recipient does not give you a written Notice of Final Action within 90 days from the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action. I acknowledge I have read this notice.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Region III Workforce Investment Board of Kanawha County  
Workforce Innovation & Opportunity Act  
Grievance and Complaint Procedures**

**Purpose:**

This document establishes the policy of West Virginia on the development, maintenance and implementation of programmatic grievance and complaint procedures. This policy and related procedures covers complaints alleging noncriminal violations of the requirements of Workforce Innovation and Opportunity Act (WIOA) in the operation of local WIOA programs and activities, and transmits policy governing WIOA Title I related grievance and complaint procedures at the local and State level.

**Scope:**

Title 20 Code of Federal Regulations (CFR) Subpart F Section 683.600 requires that Local Workforce Development Boards (LWDB) and sub-recipients of WIOA Title I grant funds comply with the grievance and complaint provisions of the WIOA. This policy applies to programmatic grievances and complaints pursuant to WIOA Section 181(c) and does not address the procedures for processing complaints alleging discrimination under WIOA Section 188 and/or Title 29 Code of Federal Regulations (CFR) Part 37. Information and complaints involving allegations of fraud, abuse, or other criminal activity must be reported directly to U.S. Department of Labor's (DOL) Office of Inspector General.

**REFERENCES:**

- WIOA Section 181 (c)
- Title 20 CFR Part 683.600
- Title 29 CFR Part 37

**FILING INSTRUCTIONS:**

This policy implements the requirements of WIOA Section 181(c) and 20 CFR Part 683.600. Retain this policy until further notice.

**BACKGROUND:**

Title 20 CFR Section 683.600 requires each LWDB, State, and direct recipient of funds under Title I of WIOA to establish and maintain a procedure for grievances and complaints from participants and other interested parties affected by the local workforce development system, including One-Stop partners, service providers, and the statewide workforce development programs.

**POLICY AND PROCEDURES:**

Definitions:

*Complainant* means any participant or other personally interested or personally affected party alleging a non-criminal violation of the requirements of WIOA.

*Complaint file* is a file that is maintained in a central location within each office which includes a hard copy of each complaint filed along with pertinent documentation.

*Days* means consecutive calendar days, including weekends and holidays.

*Grievance or complaint* means a written expression by a party alleging a violation of WIOA, regulations promulgated under WIOA, recipient grants, sub-agreements, or other specific agreements under WIOA. All complaints, amendments, and withdrawals shall be in writing. This policy is intended to resolve matters which concern actions arising in connection with the WIOA Title I grant program.

*Hearing Officer* means an impartial party who shall preside at a hearing on a grievance or complaint.

*Local Workforce Development Board* includes the Local Workforce Development Area's/Region's administrative entity and any sub-recipients to which the administrative entity has delegated the complaint and grievance resolution process.

*Participant* means an individual who has been determined to be eligible to participate in, and who is receiving services under, a program authorized by WIOA.

*Participant case file* means either a hard copy or an electronic file.

*Recipient* means an entity to which a WIOA grant is awarded directly from DOL to carry out a program under Title I of WIOA. The State is the recipient of funds awarded under WIOA Sections 127 (b)(1)(C), 132(b)(1)(B), and 132(b)(2)(B).

*Sub-recipient* means an entity to which a sub-grant is awarded and which is accountable to the recipient (or higher tier sub-recipient) for the use of the funds provided.

**Policy:**

**It is the policy of the State of West Virginia that:**

*The principles and procedures set forth in Policy 3-17 shall be used by all West Virginia LWDBs in the development of local-level grievance and hearing procedures; and*

*The principles and procedures set forth in Policy 3-17 shall govern the treatment and handling of all grievances or complaints in connection with all WIOA Title I grant programs and activities conducted by the State, or pursuant (directly or indirectly) to sub-grants from the State.*

The State Workforce Development Board (SWDB) concurs with this policy and has approved the local policy and procedures contained in this document.

**Procedures:**

**I. GENERAL PRINCIPLES AND REQUIREMENTS**

These procedures will guide the receipt, hearing, and resolution of non-criminal grievances and complaints relating to WIOA Title I grant programs and activities that are funded with WIOA Title I grant monies provided to the LWDB by the State. These procedures will be available for use by all individuals and entities, including WIOA Title I grant participants, LWDB staff, sub-recipients of the LWDB, and other interested parties. Local procedures must include "a process which allows an individual alleging a labor standards violation to submit the grievance to

a binding arbitration procedure, if a collective bargaining agreement covering the parties so provides.” [Title 20 CFR Section 683.600(c)(3)]. Additionally, all LWDB’s and sub-recipients of WIOA Title I grant funds must make reasonable efforts to assure that information about the content of the grievance and complaint procedures will be understood by affected participants and individuals, including youth and those who are limited English-speaking individuals. Such efforts must comply with the language requirements of Title 29 CFR Section 37.35.

At all levels of the grievance or complaint process, complainants have the right to be represented, at their own expense, by a person(s) of their choosing.

Grievances or complaints must be filed within *30 days* of the alleged violation. All grievances or complaints, amendments, and withdrawals must be in writing. All persons filing grievances or complaints shall be free from restraint, coercion, reprisal, or discrimination.

## II. LOCAL GRIEVANCE AND COMPLAINT PROCEDURES

Pursuant to Title 20 CFR Sections 683.600 through 683.610, the State Workforce Development Board (SWDB) has established this procedure for resolving grievances and complaints alleging a violation of WIOA Title I, regulations, grants, or other agreements under WIOA. The following outlines the procedures for resolving issues arising in connection with WIOA Title I grant programs operated by the administrative entity for the LWDB and its sub-recipients. Any participant or other interested party adversely affected by a decision or action by the local workforce development system, including decisions by One-Stop partners and services providers, has the right to file a grievance or complaint with the LWDB.

### A. Notice to Affected Parties

Initial and continuing notice of the local grievance and complaint procedures and instructions on how to file a complaint must be:

- Posted in a public location and be made available to any interested parties and members of the public.
- Made available to each participant. A copy of the written description of the local grievance and complaint procedure shall include (1) Notification that the participant has the right to file a grievance or complaint at any time within *30 days* of the alleged violation; (2) Instructions and timeline for filing a grievance or complaint; and (3) Notification that the participant has the right to receive technical assistance. Such information shall be modified, as needed, whenever the procedures are changed.

Region III WIB-KC has the responsibility to provide technical assistance to the complainants, including those grievances or complaints against the LWDB. Such technical assistance includes providing instructions on how to file a grievance or complaint, providing relevant copies of documents such as the Act, regulations, local rules, contracts, etc., and providing clarifications and interpretations of relevant provisions. This requirement shall not be interpreted as requiring the LWDB to violate rules of confidentiality.

## B. Form and Filing of Grievance or Complaint

The official filing date of the grievance or complaint is the date the written grievance or complaint is received by the LWDB, its service providers, One-Stop partners, or sub-recipients. The filing of the grievance or complaint will be considered a request for a hearing, and the LWDB shall issue a written decision within 60 days for the filing of the grievance or complaint.

The grievance or complaint must be writing, signed, and dated. For resolution purposes, the SWDB requires that the following information be obtained or provided for all complaints:

- Full name, telephone number, and mailing address of the complainant;
- Full name, telephone number, and mailing address of the respondent;
- A clear and concise statement of the facts and dates describing the alleged violation;
- The provisions of the WIOA, the WIOA regulations, grant, or other agreements under the WIOA, believed to have been violated;
- Grievances or complaints against individuals, including staff or participants, shall indicate how those individuals did not comply with the law, regulations, or contract; and
- The remedy sought by the complainant.

The absence of any of the requested information shall not be a basis for dismissing the grievance or complaint.

*A grievance or complaint may be amended to correct technical deficiencies at any time up to the time of the hearing. The 30 day time period in which a grievance or complaint may be filed is not extended for grievances or complaints that are refiled with amendments. Grievances or complaints may be withdrawn at any time prior to the issuance of the hearing officer's decision. The LWDB shall send a copy of the grievance or complaint to the respondent.*

## C. Informal Resolution

The Region III WIB-KC shall notify the complainant and the respondent of the opportunity for an informal resolution. Respondents must make good faith efforts to resolve all grievances or complaints prior to the scheduled hearing. Failure on the part of either party in the grievance or complaint to exert good faith efforts shall not constitute a basis for dismissing the grievance or complaint, nor shall this be considered to be a part of the facts to be judged in the resolution process. Where a complaint alleges a violation of WIOA Title I, grant or any agreements under WIOA, the LWDB must assure that every grievance or complaint not resolved informally or not withdrawn is given a hearing, regardless of the grievance or complaint's apparent merit or lack of merit.

When the complaint has been resolved through the informal resolution process, the LWDB shall attempt to contact the complainant and have him or her provide a written withdrawal of the complaint within 10 days of the receipt of the notice of resolution or impasse where a complainant decides not to proceed to

an administrative hearing. The LWDB shall maintain copies of correspondence in the local office complaint file.

D. Notice of Hearing

Hearings on any grievance or complaint shall be conducted within 30 days of filing of a grievance or complaint. The complainant and the respondent must be notified in writing of the hearing 10 days prior to the date of the hearing. The 10-day notice may be shortened with the written consent of both parties. The hearing notice shall be in writing and contain the following information:

- The date of the notice, name of the complainant, and the name of the party against whom the grievance or complaint is filed.
- The date, time, and place of the hearing before an impartial hearing officer.
- A statement of the alleged violations. These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately.
- The name, address, and telephone number of the contact person issuing the notice.

E. Conduct of Hearings

An impartial hearing officer shall conduct the hearing. The LWDB will seek impartial hearing officers from among the staff of legal offices or personnel departments of municipalities or counties that will not be directly affected by, or will not implement the final resolution of, a specific grievance or complaint.

The hearing will be conducted in an informal manner with strict rules of evidence not being applicable and according to the procedures established by the LWDB. Both parties will have the right to present written and/or oral testimony and arguments; the right to call and question witnesses in support of their position; the right to examine records and documents relevant to the issues; and the right to be represented. The hearing will be recorded electronically or by a court reporter.

F. Decision

Not later than 60 days after the filing of the grievance or complaint, the hearing officer shall mail a written decision to both parties by first class mail. The hearing officer's decision shall contain the following information:

- The names of the parties involved;
- A statement of the alleged violation(s) and issues related to the alleged violation;
- A statement of the facts;
- The hearing officer's decision and the reasons for the decision;

- A statement of corrective action or remedies for violations, if any, to be taken; and
- Notice of the right of either party to request a review of the decision by the State Review Panel within 10 days of the receipt of the decision.

G. Appeal

If a complainant does not receive a decision at the LWDB level within 60 days of the filing of the grievance or complaint, or receives an adverse decision, the complainant then has the right to file an appeal with the State.

The complainant may request a State hearing by submitting a written notice of appeal to:

WorkForce West Virginia  
Deputy Executive Director, Federal Programs  
112 California Avenue, Room 613  
Charleston, WV 25305

III. STATE-LEVEL GRIEVANCE AND COMPLAINT PROCEDURES

Title 20 CFR Section 683.600(d) requires the State to provide a process for dealing with grievances and complaints from participants or interested parties affected by the statewide workforce development programs, resolving appeals of decisions issued at the LWDB level, remanding grievances and complaints related to the local WIOA Title I programs to the LWDB grievance process, and affording an opportunity for an informal resolution and a hearing to be completed within 60 days of the filing of the grievance or complaint.

In cases where the State has imposed either administrative or financial/monetary sanction(s) resulting from monitoring, investigations, or audits, the complainant may file an appeal with the State through the procedures established in their Audit Resolution guidance.

A. State-Level Informal Resolution and Hearing Procedures

All complaints of noncriminal violations of the requirements of WIOA by the State, or complaints by individuals or interested parties affected by the statewide workforce development program shall be filed in writing with the Deputy Executive Director of Federal Programs, WorkForce West Virginia. All requests for State hearings shall include the same basic elements necessary for local level hearings. These are:

- Full name, telephone number, and mailing address of the complainant;
- Full name, telephone number, and mailing address of the respondent;
- A clear and concise statement of the facts and dates describing the alleged violation;

- The provisions of the WIOA, the WIOA regulations, grant, or other agreements under the WIOA, believed to have been violated;
- Grievances or complaints against individuals, including staff or participants, shall indicate how those individuals did not comply with the WIOA law, regulation, or contract; and
- The remedy sought by the complainant.

Upon receipt of the request for a State hearing, the Deputy Executive Director of Federal Programs or his/her designee shall review the grievance or complaint and shall provide an opportunity for an informal resolution. The Deputy Executive Director of Federal Programs shall notify the complainant and the respondent within 10 days of receipt of the grievance or complaint and proceed with the informal resolution process. If the State cannot resolve the grievance or complaint informally, then a hearing will be held.

Hearings on any grievance or complaint shall be conducted within 30 days of the filing of a grievance or complaint. The complainant and the respondent shall be notified in writing of the hearing 10 days prior to the date of hearing. The hearing notice shall advise the following:

- The date, time, and place of the hearing before an impartial hearing officer.
- The pertinent sections of the WIOA or any other federal regulations involved.
- A statement of the alleged violations. These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately.
- The name, address, and telephone number of the contact person issuing the notice.

#### B. Appeals of LWDB Decisions or Requests for WFWV Review

1. A complainant may file a request for review with WFWV if no decision has been issued at the LWDB level within the 60-day time limit. A complainant may file an appeal if the LWDB has issued an adverse decision. The request for a WFWV review or appeal shall be filed or postmarked (if mailed) within 10 days from the date on which the complainant received an adverse decision from LWDB or 15 days from:

The date on which a complainant should have received a decision regarding a locally filed complaint, which is defined as five days from the date the decision was due, or

2. All requests for review or appeals shall include the following:
  - The full name, telephone number, and mailing address of the complainant;
  - The full name, telephone number, and mailing address of the LWDB;

- A statement of the basis of the request or appeal; and
  - Copies of relevant documents, such as the complaint filed at the LWDB and the local decision, if any.
3. WFWV shall request the record of the hearing from the LWDB and shall review the record. WFWV shall notify the concerned parties and the LWDB by first class mail, certified with a return receipt, of the following information at least 10 days before a scheduled hearing:
- The date of the notice, name of the complainant, and the name of the party against whom the complaint is filed.
  - The date, time, and place of the hearing before a hearing officer.
  - A statement of the alleged violations. This statement shall accurately reflect the content of the complaint as submitted by the complainant.
  - The name, address, and telephone number of the contact person issuing the notice.

C. Hearing

1. The WFWV hearing shall be conducted in an informal manner with strict rules of evidence not being applicable. Both parties shall have the right to present written and/or oral testimony under oath and arguments; the right to call and question witnesses; the right to request and examine records and documents relevant to the issues, and the right to be represented. The hearing shall be recorded.
2. The WFWV hearing officer shall be an Administrative Law Judge (ALJ).

D. Referral of Local Grievances or Complaints

Grievances or complaints filed directly with the State related to the local WIOA programs will be remanded to the LWDB grievance process in accordance with LWDB Grievance and Complaint Procedures.

E. Remedies

Remedies that may be imposed for a violation of any requirement under WIOA Title I shall be limited to:

- Suspension or termination of payments under WIOA Title I;
- Prohibition of placement of a participant with an employer that has violated any requirement under WIOA Title I;
- Reinstatement, where applicable, of an employee, payment of lost wages and benefits, and reestablishment of other relevant terms, conditions, and privileges of employment; and

- Where appropriate, to other equitable relief.

Nothing in paragraph 1 shall be construed to prohibit a complainant from pursuing a remedy authorized under another federal, State, or local law for a violation of WIOA Title I.

**F. Federal-Level Appeal Process**

Under Title 20 CFR Section 683.610(a)(1), if the State or Local Workforce Development Board has not issued a decision within the required 60-day time limit, the complainant can file an appeal to the Secretary of Labor. The appeal must be filed with the Secretary of Labor no later than 120 days of the filing of the grievance or complaint with the State, or the filing of the appeal of a local grievance or complaint with the State.

In cases where a decision has been reached and the State issued an adverse decision, the complainant can file an appeal to the Secretary of Labor within 60 days of the receipt of the decision being appealed.

The request for appeal must be submitted by certified mail, return receipt to:

Secretary  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20210  
Attention: ASET

A copy of the appeal must be simultaneously provided to the Region 2 ETA Regional Administrator, U.S. Department of Labor—Employment and Training Administration, Suite 825 East, The Curtis Center, 170 South Independence Mall West, Philadelphia, PA 19106 and the opposing party.

**ACTION:**

All recipients and sub-recipients of WIOA Title I funding through the Workforce Development Board of West Virginia shall utilize the grievance and complaint procedures specified in this policy or ensure that any policies or procedures established by the recipient or sub-recipient are in accordance with these requirements.

**INQUIRIES:**

Please direct inquiries about this directive to WorkForce West Virginia at (304) 558 - 6788.

## ALCOHOL/DRUG FREE POLICY STATEMENT

Any use, consumption, sale, purchase, transfer, or possession of any alcohol or controlled substance by any program participant, grantee employee, or employee of a subcontractor while on a training site or on a job placement site is prohibited.

Program participants, grantee employees, and/or employees of a subcontractor are strictly prohibited from being under the influence of alcohol or any controlled substance while attending a grantee sponsored training sessions or meetings.

Legally prescribed medications are excluded from this prohibition and permitted only to the extent that the use of such medications does not adversely affect the participants/employees work training ability, or the safety of the participant, employees, and others.

As a condition of participation in the program, participants agree to abide by the terms of the prior paragraphs and to notify the grantee of any criminal drug statute conviction or violation.

### Policy Violations

Any participant, grantee employee, or employee of the subcontractor who violates this policy shall be subject to disciplinary action up to and including immediate termination. Sanctions may include, but are not limited to, a requirement that the violators participate in a drug abuse or alcohol assistance or rehabilitation program.

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Participant Signature

Date

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WIOA Case Manager Signature

Date

## PROHIBITED WORKPLACE HARASSMENT

It is the intent of the state of West Virginia to provide a work environment where illegal harassment based on sex (with or without sexual conduct), race, color, religion, national origin, ancestry, age, disability, and protected activity (i.e., opposition to prohibited discrimination or participation in the complaint process) or status explicitly defined as protected under applicable State and federal law as well as non-discriminatory hostile workplace harassment is prohibited.

Illegal harassment includes words, conduct, or action, usually repeated or persistent, directed at a specific person which annoys, alarms, or causes substantial emotional distress in that person and serves no legitimate purpose and is prohibited by State and federal anti-discrimination laws.

There are two legally recognized types of sexual harassment: Quid Pro Quo Sexual Harassment, and Hostile Work Environment Sexual Harassment. Such harassment involves verbal and/or physical conduct which includes, but is not limited to: sexually-explicit or implicit propositions; improper questions about an individual's private life; sexually discriminatory ridicule, insults, jokes, or drawings; undesired, intentional touching such as embracing, patting, or pinching; remarks directed against one's sex as a class or group; threat of rape, or attempted or actual sexual assault; repeated sexually-explicit or implicit comments or obscene or suggestive remarks that are objectionable or discomforting to the individual; offers of employment benefits in exchange for sexual favors, or threats or reprisals for negative responses to sexual advances; and/or sexual harassment by a supervisor of an individual of the same sex.

If you have been the victim of prohibited workplace harassment acts, tell the harasser their behavior is offensive and unwanted. You can go to your instructor, business agent, or the WV Human Rights Commission for help.

Any participant who feels that he or she is a victim of such harassment, or anyone who observes a participant being harassed should immediately report the matter. Any reports will be promptly investigated.

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Participant Signature

Date

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WIOA Case Manager Signature

Date