



A proud partner of the AmericanJobCenter<sup>®</sup> network

**Region III Workforce Investment Board  
Application for WIOA Funding for  
Youth (Ages 14-24)**

**Personal Information:**

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

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

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: \_\_\_\_\_

**School Status/Education (Check all that apply to you):**

<input type="checkbox"/> Student	If currently attending school, highest grade completed: Name of School:
<input type="checkbox"/> Drop-Out	What year did you drop-out?
<input type="checkbox"/> GED/TASC Attained	What year did you attain your TASC/GED?
<input type="checkbox"/> High School Graduate	What year did you graduate?
<input type="checkbox"/> Attending Post High School/College	Where are you attending? What Course?
<input type="checkbox"/> College Graduate	What year did you graduate? What is your degree/certification?

**Barriers (Check all that apply to you):**

<input type="checkbox"/> Client of Rehab	<input type="checkbox"/> Low Income	<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Runaway
<input type="checkbox"/> Limited English	<input type="checkbox"/> Disability	<input type="checkbox"/> Offender	<input type="checkbox"/> Pregnant or Parenting
<input type="checkbox"/> Homeless	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Child of Incarcerated Parent(s)	
<input type="checkbox"/> Aged-Out of Foster Care	<input type="checkbox"/> Out-of-Home Placement	<input type="checkbox"/> Eligible for Assistance under Section 477 of the Social Security Act	
<input type="checkbox"/> Requires Assistance to Enter or Complete an Educational Program or to Secure or Hold Employment		Explain:	

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**Number in Household/Income:**

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

Are you between the ages of 18 and 21?  Yes  No

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

Do you (or your parent or legal guardian) receive, or in the past 6 months received, food stamps?  Yes  No  
If yes, amount: \$ \_\_\_\_\_

Do you (or your parent or legal guardian) receive:

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

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

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

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

Amount the past 6 months \_\_\_\_\_ x 2 = \_\_\_\_\_

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**Employment Information:**

Are you currently employed?  Yes  No If yes, please answer the questions below:

Name of Current/Most Recent Employer: \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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**The confidential information contained in this application will be used for determination and verification of eligibility for enrollment. I certify that, to the best of my knowledge, the information given is true and accurate. My signature on this form gives authorization for this applicant to participate. I realize that the giving of false information is a crime and punishable by law.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIOA Case Manager

\_\_\_\_\_  
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 recordkeeping 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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
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 choice 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 your 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 suppliers and partners. Employees who violate our policies and procedures regarding privacy are subject to disciplinary action, and our 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.

## 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

## 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	OR	Director, Civil Rights Center (CRC)
WorkForce West Virginia (Recipient)		US Department of Labor
112 California Avenue, Room 104		200 Constitution Avenue, NW
Charleston, WV 25305		Room N-4123
Phone: 304-558-1600		Washington, DC 20210
TDD: 304-558-1549		Phone: 202-693-6502
Or WV Relay 7-1-1		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:**

Region III WIB

Revised 12/2017

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.

**Equal Opportunity Discrimination Complaint Policy and Procedures**  
**Workforce Innovation and Opportunity Act**  
**Region 3 Workforce Development Board**

**GENERAL PROVISIONS**

Section 188 of the Workforce Innovation and Opportunity Act (WIOA), and the implementing regulations at 29 CFR Part 37, prohibits discrimination because of race, color, religion, sex, national origin, age, disability or political affiliation or belief, in both participation and employment. The WIOA nondiscrimination regulations prohibit discrimination in all aspects of the administration, management, and operation of WIOA programs and activities. The State of West Virginia has adopted the following procedures for processing complaints alleging violations of the nondiscrimination and equal opportunity provisions in a WIOA Title I-financially assisted program or activity.

**DEFINITIONS**

**Beneficiary** – Individual or individuals intended by Congress to receive (and benefit from) aid, benefits, services, or training from a recipient of Federal financial assistance under a program or activity established by Federal statute.

**CRC** – U.S. Department of Labor / Office of Assistant Secretary for Administration and Management / *Civil Rights Center*.

**Complainant** – Individual filing discrimination complaint based on race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, on the basis of either citizenship as a lawfully admitted immigrant authorized to work in the United States, or participation in a WIOA Title I financially assistance program or activity.

**Federal Financial Assistance** – Refers to more than just dollars and cents. It can include nonmonetary forms of assistance, such as the provision of personnel at the grantmaking/recipient agency's expense, or the grant or donation of property, among other things.

**Mediation** – A process of alternative dispute resolution whereby negotiation of issues are facilitated by a neutral party. It is a voluntary and confidential process, and can result in a binding agreement.

**Recipient** – Any entity that receives financial assistance under WIOA Title I, either directly from the US Department of Labor or through the Governor or another recipient. American Job Center Partners are considered recipients to the extent that they participate in the one-stop delivery system.

**Respondent** – A grant applicant or recipient against whom a complaint has been filed under the nondiscrimination and equal opportunity provisions of WIOA.

**BACKGROUND**

This policy is intended to ensure that the Workforce Development Boards (WDBs) and other grant recipients/program providers implement complaint policies and procedures in compliance with guidelines provided by the Director, Civil Rights Center, U.S. Department of Labor (CRC), regarding the nondiscrimination/equal opportunity provisions of Title I of the Workforce Innovation and Opportunity Act (WIOA).



Section 188 of Title I of WIOA prohibits discrimination on the basis of: race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, on the basis of either citizenship as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity. Each Workforce Development Area has designated a Local Equal Opportunity Officer who is responsible for adopting and publishing policies and complaint procedures, and ensuring compliance. A recipient/program provider must provide initial and continued notice that it does not discriminate on any prohibited ground. A copy of the "Equal Opportunity is the Law" notice is provided to each participant and made a part of each participant's file per the regulations. If a complaint is filed, a copy of this Equal Opportunity (EO) Discrimination Complaint Processing Policy and Procedures is to be provided to the complainant.

## **POLICY AND PROCEDURE**

### **Discrimination Complaint and Filing**

All grant recipients/program providers under Title I of WIOA are responsible for complying with the discrimination complaint procedures consistent with 29 CFR Part 37, as outlined in this policy: Any person who believes that he or she, or any specific class of individuals, has been or is being subjected to discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in WIOA Title I, has the right to file a complaint within one hundred and eighty (180) calendar days of the alleged discrimination. The filing period may be extended for good cause in some limited circumstances. However, only the Director of CRC may extend the filing time.

### **Receipt of Complaint**

A complainant must file a complaint within 180 days of the alleged act(s) of discrimination. If the complainant elects to file with an employee in a WorkForce West Virginia American Job Center, that employee will immediately accept the complaint and forward the complaint to the WorkForce West Virginia EO Officer. The complainant may file with WorkForce West Virginia or the Department of Labor, Director, Civil Rights Center (Federal). Filing a complaint with WorkForce West Virginia does not affect a complainant's right to file a complaint with the Civil Rights Center if he or she is not satisfied with the resolution provided by WorkForce West Virginia. The WorkForce West Virginia EO Officer is responsible for determining if the complaint is covered by 29 CFR Part 37, and for resolving jurisdictional issues, if any. Complaints may be submitted to:

#### **STATE**

Vickie Elkins, EO Officer  
WorkForce West Virginia  
Equal Opportunity Office  
112 California Avenue  
Charleston, WV 25305  
Phone: (304) 558-1600  
TDD: (304) 558-1549

#### **FEDERAL**

Naomi M. Berry-Perez, Director  
U.S. Department of Labor  
Civil Rights Center (CRC)  
200 Constitution Avenue  
Room N-4123  
Washington, DC 20210  
Phone: (202) 693-6502  
TDD: (202) 693-6515

## **Forms Used to File Complaint**

**State-** An individual may file a complaint at the state level by completing and submitting the WorkForce West Virginia Discrimination Complaint Form which may be obtained from any local Workforce Development Board, WorkForce West Virginia American Job Center, or the WorkForce West Virginia Equal Opportunity Officer. The choice whether to use mediation or the customary investigative process rests with the complainant. The Mediation process is outlined in the section, "Mediation", discussed later in this policy. **(EDITOR NOTE: access to form and procedures will be incorporated on the WFWV website that is currently being updated)**

**Federal** – An individual may file a complaint by completing and submitting the Civil Rights Center's Complaint Information and Privacy Act Consent Forms, which may be obtained from the WorkForce West Virginia Equal Opportunity Office, or from the U.S. Department of Labor's Civil Rights Center website at <http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>.

The complaint document must contain the following information: Complainant's name and address, or other means by which the complainant can be contacted; Identification of individual(s) or organization(s) responsible for the alleged discrimination; and a description of the complainant's allegations, which must include enough details to determine:

- Recipient's jurisdiction of the complaint.
- If the complaint was filed timely (within 180 days).
- Specific prohibited bases of the alleged discrimination (i.e., race, sex, etc.).
- Apparent merit of the complaint.
- Complainant's or authorized representative's signature.

**Right to Representation** – Both the complainant and respondent have the right to be represented by an attorney or other individual of their choice. The complainant will be offered the option to participate in mediation, or follow the customary state level complaint process. Any person electing to file at the state level shall allow WorkForce West Virginia 90 days (from the date of receipt) of complaint to process the complaint.

If it is determined that the recipient does not have jurisdiction over a complaint, the complainant will be notified in writing by the EO Officer of WorkForce West Virginia of one or more of the following reasons:

- The basis for the complaint is not covered by the prohibitions set forth by 29 CFR Part 37.
- The complaint was not filed within the prescribed 180 days of the alleged violation.
- The complaint is against an entity that is not a recipient of WIOA Title I financial assistance as defined under 29 CFR Part 37.

If the recipient does have jurisdiction, the WorkForce West Virginia EO Officer will provide written notice to the complainant within 10 working days from the date of receipt of complaint. The written notice will contain the following:

- Acknowledgment that the complaint has been received, and that the Respondent was been notified that a complaint has been filed.
- Notice that complainant has the right to be represented in complaint process.

- A written statement of the issue(s) provided by the complainant, including a statement as to whether the recipient will accept or reject the issues, and the reasons for rejection.
- A period of fact finding or investigation of the circumstances underlying the complaint, which may take about 20 working days.
- A brochure explaining the mediation process will be attached. The option to mediate rests with the complainant. The complainant will be requested to notify the WorkForce West Virginia EO Officer within 5 days of receipt of the written notice if he/she wishes to participate in mediation. If the complainant elects mediation, the process outlined below, captioned "Mediation", shall be followed.
- Respondent will be notified that a complaint alleging discrimination has been filed and is being processed. A summary of the complaint and a notice that retaliation is against the law will be provided to respondent. The respondent will be also be notified if mediation has been chosen by the complainant as a means of resolution.
- If, at the end of the 90 days, WorkForce West Virginia has not completed its fact finding or investigation, or failed to issue a Notice of Final Action, the complainant or his/her representative may, within 30 days of the expiration of the 90 days period, file a complaint with the Civil Rights Center.
- Notice that if the Notice of Final Action is issued during the 90-day period, and the complainant is dissatisfied with the decision, the complainant has a right to file a complaint with the Civil Rights Center, within 30 days of the date on which the complainant receives the Notice of Final Action.

## **Mediation**

The choice whether to use mediation or the customary investigative process rests with the complainant. If the complainant chooses mediation the respondent will be notified. WorkForce West Virginia mediation procedures are as follows:

- 1) If mediation is elected, the WorkForce West Virginia EO Officer will notify the mediator within 2 days of the receipt of the Mediation Election Form. The session will begin no later than 15 calendar days after the mediator is notified.
- 2) Parties will receive notice of where and when the mediation will be conducted.
- 3) Two (2) calendar days will be allowed for the mediation session to achieve a resolution. If the parties do not reach an agreement within the two-day mediation session, a notice will be issued within 15 calendar days from the end of the two-day mediation session, outlining the facts or circumstances relevant to the attempt to settle the issues. Notice will be given that the complaint has been referred for investigation.
- 4) If mediation was used successfully, a description of the resolution will be provided. A copy of the Settlement Agreement will be provided to the complainant and respondent within 15 days from the conclusion of the mediation session and the agreement will contain the following:
- 5) Signatures of mediator, complainant and respondent.
- 6) Description of the settlement of the issues.
- 7) Future responsibilities of both parties.
- 8) Notice of rights, to both complainant and respondent, that if either party to the agreement breaches the agreement, then the non-breaching party may file a complaint with the CRC within 30 days of the learning the agreement was breached.
- 9) If the parties do not reach an agreement under mediation, the complaint will be referred for investigation.

## **Breach of Settlement Agreement**

A party to any agreement reached under mediation may file a complaint with the Civil Rights Center in the event the agreement is breached.

The non-breaching party may file a complaint with the Civil Rights Center within 30 days of the date on which the non-breaching party learns of the alleged breach.

If the Civil Rights Center determines that the respondent has breached the agreement, the complainant may file a complaint with the Civil Rights Center based upon his or her original allegations and the Civil Rights Center will waive the time deadline for filing such a complaint.

## **Notice of Final Action**

The complainant shall allow WorkForce West Virginia 90 days from the date the complaint was received to process the complaint and issue a written Notice of Final Action. The complainant and respondent will be notified of the decision. The following will be covered in the notice:

- An explanation of each issue that was accepted for investigation and the resolution.
- The respondent will be notified if action needs to be taken, what that action is, and when that action needs to be completed.
- If the Notice of Final Action is issued during the 90-day period, and the complainant is dissatisfied with the decision, the complainant, or his or her representative, has a right to file a complaint with the Civil Rights Center within 30 days of the date on which the complainant receives the Notice of Final Action. Only the Director of the Civil Rights Center may extend the 30-day time limit for good cause shown. The complainant has the burden of proving, to the Director, Civil Rights Center, that the time limit should be extended.
- If, at the end of the 90 days, WorkForce West Virginia has not completed its processing of the complaint or failed to issue a Notice of Final Action, WorkForce West Virginia will notify the complainant, or his or her representative, that the processing of their complaint is not completed. WorkForce West Virginia will advise the complainant of their right to file with the CRC within 30 days of the expiration of the 90-day period. In other words the complaint must be filed with the Civil Rights Center within 120 days of the date on which WorkForce West Virginia received the complaint.

**Region III Workforce Investment Board**

**Authorization to Release Information**

I hereby authorize Region III Workforce Investment Board and WorkForce WV permission to print the details of my accomplishments during my time in the WIOA program. I also agree to allow my picture to be used if necessary. I am fully aware that all information will be used in an attempt to highlight only my accomplishments. I am also aware that all information will be used for statistical data, reports, public relations, newsletters, or for general correspondences. If there are any questions, I may be contacted by the numbers listed on file. By signing this form, I also understand that the Region III Workforce Investment Board and WorkForce WV will track my progress in the WIOA program and authorize appropriate staff to contact myself and employers for a minimum of 1 year.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date