



**KANSAS CITY & VICINITY  
WORKFORCE DEVELOPMENT BOARD**



Serving the city of Kansas City, Mo. and Cass,  
Clay, Platte, and Ray counties.

The Full Employment Council, Inc. (FEC) is the fiscal  
agent and workforce support organization for the  
Kansas City & Vicinity Workforce Development Board.

Workforce Innovation and Opportunity Act (WIOA) Policy

**PROGRAM COMPLAINT AND DISCRIMINATION PROCEDURES POLICY**

**POLICY NUMBER: 2013-02, *Modification 4***

**EFFECTIVE DATE: 3-3-2016**

**MODIFICATION DATE: 1-27-20**

**APPROVED BY**

Clyde McQueen, President/CEO  
Full Employment Council, Inc.,  
Managing Entity/Fiscal Agent  
Kansas City and Vicinity Workforce Development Board

**INQUIRIES**

Questions about this Issuance should be addressed by email to Latrina Collins, Director of Planning, at [lcollins@feckc.org](mailto:lcollins@feckc.org), who shall disseminate the agency response after consulting with Full Employment Council Officers.

**PURPOSE**

This issuance is to address the process by which all discrimination and all program complaints must be processed.

**BACKGROUND**

The Workforce Development Board must be in compliance with State and Federal regulation as it relates to the Workforce Innovation and Opportunity Act. Mandatory training is required for all staff concerning nondiscrimination of FEC/Missouri Career Center employees and participants by implementing sound Equal Opportunity program and workplace practices and to provide all staff with the information they need to avoid discrimination and provide information to comply with Federal EEO laws. *This modification updates Grievance and Equal Opportunity forms. This Issuance is based upon Missouri Division of Workforce Development Issuance 16-2017, Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints and Grievances, and Missouri Division of Workforce Development Issuance 09-2012, Workforce Investment Act Complaint Resolution Policies.*

## POLICY

### I. PROGRAM COMPLAINT PROCEDURES

Every recipient of funds under Title I of the Workforce Innovation and Opportunity Act (WIOA) must maintain a written procedure for grievances and complaints in accordance with 20 CFR 667.600, *et seq.* As such, this policy will govern the Division of Workforce Development's (DWD) processing of WIOA complaints and grievances.

General Program Complaints may be made up to one (1) year from the date of the event or condition alleged to be a violation of WIOA. The appropriate resolution process to be followed depends on the nature of the complaint. General WIOA complaints fall into the following two categories:

1. Complaints involving local WIOA programs, agreements, or local Workforce Development Board policies and activities; or
2. Complaints involving State WIOA policies, programs, activities, or agreements.

If FEC does not have the jurisdiction of a program complaint then the complainant will be referred to the appropriate entity (e.g. Family Services Division (Food Stamps), Division of Workforce Development (Unemployment Insurance) etc.

A complaint may be amended or withdrawn at any time prior to a scheduled hearing.

The Local WIOA Equal Opportunity (EO) Manager who processes a WIOA Program Complaint will keep information that could lead to the identification of the person filing the complaint confidential, to the extent practical. The identity of any person who furnishes information related to, or assisting in, and investigation will also be kept confidential to the extent possible.

FEC and its One-Stop partners will not discharge, intimidate, retaliate, threaten, coerce, or discriminate against any person because such person files a complaint, opposes a prohibited practice, furnishes information, assists, or participates in any manner in an investigation or hearing.

#### **A. General Program Complaints**

[Included in the body of this Issuance](#) is the General Program Complaint Form that will be used as a complaint intake tool. Any complaint received in writing will be accepted and handled in the same manner as if it were made on the General WIOA Complaint Form. The log shall include: the name and address of the complainant; the basis for the complaint; a description of the complaint; the disposition and date of disposition of the complaint; and any other pertinent information.

The procedures are as follows:

#### ***Who may file a complaint concerning programming with WIOA Title I?***

Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIOA programs, agreements or Workforce Development Board policies and activities.

## **B. Complainants with Disabilities**

Complainants by persons with disabilities will be accommodated as needed so that they may file complaints. Alternate formats will be used on request to notify the complainant of hearings, results, and any other written communication. Auxiliary aides and services, such as deaf interpreters or assistive listening devices, on request for negotiations, hearings and any other meetings where aural communication occurs. An accessible location will be used for hearings and other meetings on request.

### ***Time and Place for Filing?***

Complaints may be filed with the local administrative entity or the service provider within one (1) year from the date of the event or condition alleged to be a violation of WIOA (365 days).

## **C. Resolution Process**

Initial Review: Step One - If the complaint alleges a violation of any statute, regulation, policy, or program that is not governed by WIOA, the WIOA EO Manager or service provider may refer the complaint to the appropriate organization for resolution. In such cases, the local administrative entity or service provider will notify the complainant of the referral.

Once the local WIOA EO Manager or the service provider receives the complaint from the complainant or the complainant's designated representative, the FEC will log the complaint. The local WIOA EO Manager or service provider will then establish a complaint file containing the following:

1. Application and enrollment forms;
2. Completed General WIOA Complaint Form (or complainant's written statement);
3. Chronological log of events or conditions alleged to be a violation of WIOA;
4. Any relevant correspondence; and
5. Record of the attempted informal resolution

Informal Resolution: Step Two - The local WIOA EO Manager or service provider will attempt to informally resolve the complaint to the satisfaction of all parties. The informal resolution process must be completed within ten (10) business days from the date the complaint is filed. If all parties are satisfied, the complaint is considered resolved, and the terms and conditions of the resolution must be documented in the complainant's file. The local administrative entity will review the complaint file and investigate it further if necessary.

Formal Resolution: Step Three - When an informal resolution is not possible, the local WIOA EO Manager will issue a determination within twenty (20) calendar days from the date the complaint was filed. If the complainant does not request an appeal of the determination, the complaint is considered resolved, and the local administrative entity or service provider will document this in the complaint file. Any party dissatisfied with the

determination may request a hearing within seven (7) calendar days of the date of the determination.

Hearing: Step Four - A complainant may amend or withdraw his or her complaint at any time period prior to a scheduled hearing. If the complaint is not withdrawn, the local WIOA EO Manager will designate a hearing officer to ensure the complaint receives fair and impartial treatment. The hearing must be conducted within forty-five (45) calendar days from the date the complaint was filed. The hearing officer will schedule a formal hearing and mail a written notice to the complainant, the respondent, and any other interested party at least seven (7) business days prior to the hearing.

The notice will include the date, time, and place of the hearing. Parties may present witnesses and documentary evidence, and question others who present evidence and witnesses. The complainant may request that records and documents be produced. Attorneys or any other designated representative(s) may represent each party. All testimony will be taken under oath or affirmation. The hearing will be recorded either in writing or by audiotape.

The hearing officer's recommended resolution will include a summary of factual evidence presented during the hearing and the conclusions upon which the recommendation is based. The hearing officer will also concur with the chief local elected official (CLEO) toward reaching consensus on the recommended resolution to the complaint. If consensus cannot be reached, the hearing office will initiate a request to the state for resolution.

Final Decision: Step Five - The local administrative entity will review the recommendation of the hearing officer and issue a final decision within sixty (60) calendar days from the date the complaint was filed.

**Daniel Smith, Equal Opportunity Manager**  
Full Employment Council, Inc.  
1740 Paseo Boulevard  
Kansas City, Missouri 64108  
Phone: (816) 471-2330  
Email: dsmith1@feckc.org

Appeal: Step Six - Any party dissatisfied with the local administrative entity's final decision, or any party who has not received either a final decision or a resolution within sixty (60) calendar days from the date the complaint was filed, may request an appeal. The appeal must be received by the DWD within ninety (90) calendar days from the date the complaint was filed at the following address:

**Danielle Smith, State Equal Opportunity Officer**  
Missouri Department of Higher Education and Workforce Development – Office of  
Workforce Development  
301 W. High Street  
PO Box 1087  
Jefferson City, MO 65102  
Phone: (573) 751-2428, Fax (573) 751-4088  
Missouri Relay Services at 711

DWD will review the complaint file, the hearing record, and all applicable documents and issue a final decision on the appeal within thirty (30) calendar days from the date the appeal was received.

**Full Employment Council (FEC) / Workforce Innovation Opportunity Act (WIOA)**

**Program Complaint Form**

General WIOA complaints fall into the following two categories:

1. Complaints involving local WIOA programs, agreements, or local Workforce Development Board policies and activities; or
2. Complaints involving State WIOA policies, programs, activities, or agreements.

**Complaint (person filing the complaint)**

Name:			
Address:	City:	State:	Zip Code:
Telephone:	Email:		

**Complainants with disabilities will be accommodated during the complaint process. If an accommodation is required in communication or accessibility of location, please indicate the kind of accommodation required, e.g. accessible location, deaf interpreter (please indicate type of sign language), notification of results and/or hearing dates in alternative format such as Braille, large print or cassette.**

Name:			
Address:	City:	State:	Zip Code:
Telephone:	Email:		

**Location of office where the complaint occurred.**

**Respondent (person/entity complaint filed against)**

***Provide a clear and brief statement of the facts. Include relevant dates that will assist in the investigation and resolution of the complaint. If additional space is needed, use reverse side of this form or attach additional sheets.***

The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**(Page 2)**

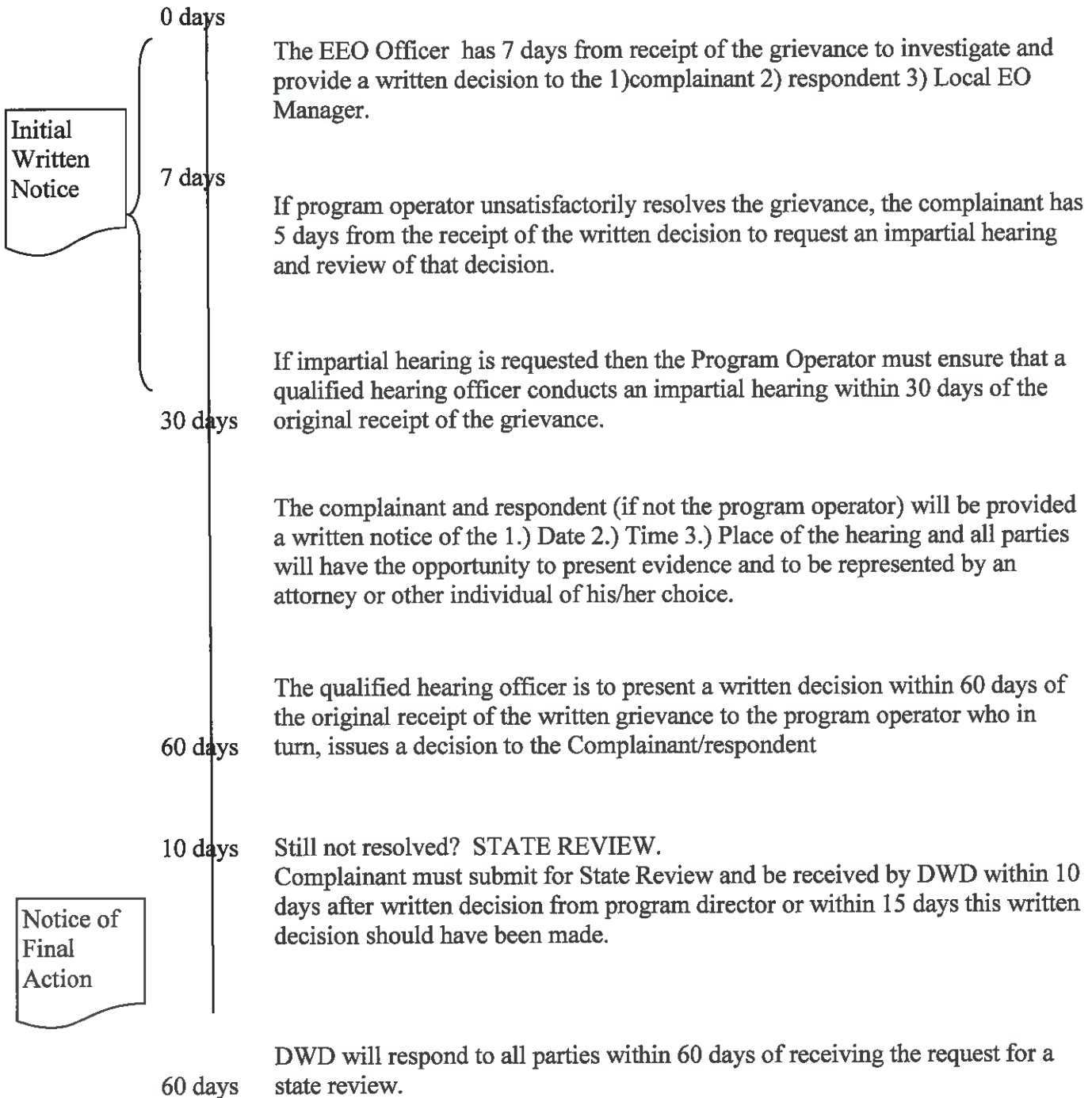
**Program Complaint Form**

FOR OFFICIAL USE ONLY		
Person Receiving Complaint:	Title:	
Address:	City:	State:
Telephone:	E-Mail:	

The Full Employment Council is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Diagram of FEC Program Complaint Process

Program Complaint Received  
by Program Operator





*For more information on the references for this reference sheet please refer to the following: 29 CFR 37.25(d); and 37.70-37.80. See also 37.7(e)] or follow the link provided below <http://www.dol.gov/oasam/programs/crc/citations.html#29cfr37-25-d>*

## **II. COMPLIANCE WITH EQUAL OPPORTUNITY AND DISCRIMINATION LAWS**

The Workforce Development Board will full comply with the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act, including the Nontraditional Employment for Women Act of 1991; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended, Title IX of the Education Amendments of 1972, as amended, and the Americans with Disabilities Act, as amended, and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR part 34, and incorporate this language into all service contracts and agreements.

## **III. DISCRIMINATION COMPLAINT PROCEDURES**

The Workforce Development Board will follow the Missouri Division of Workforce Development Issuance 16-2017, *Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints and Grievances*, and Missouri Division of Workforce Development Issuance 09-2012, *Workforce Investment Act Complaint Resolution Policies*, which outline the dissemination of notices and complaint resolution practices. Forms provided in the body of this Issuance shall be utilized for receiving complaints.

# Equal Opportunity is the LAW

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

- 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, or 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, on the basis of the individual's citizenship status or participation in any WIOA Title 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 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:

**Danielle Smith, State Equal Opportunity Officer**  
Missouri Department of Higher Education and Workforce Development - Office of Workforce Development  
301 W. High Street  
PO Box 1087  
Jefferson City, MO 65102  
danielle.smith@dhewd.mo.gov  
Phone: (573) 751-2428 | Fax: (573) 751-4088  
Missouri Relay Services at 711

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until 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 (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. 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 CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

### Sub-State Agency/Local Equal Opportunity Officer:

Name: Daniel Smith

Address: 1740 Pasco KCMO 64108

Telephone: 816-471-2330

To learn more about filing a claim, visit  
[jobs.mo.gov/equalopportunity](http://jobs.mo.gov/equalopportunity)



Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

DWD-102 (10-2019)

# La Igualdad De Oportunidad es la LEY

La ley prohíbe que este beneficiario de asistencia financiera federal discrimine por los siguientes motivos: contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto y las condiciones médicas relacionadas, y los estereotipos sexuales, el estatus transgénero y la identidad de género), origen nacional (incluyendo el dominio limitado del inglés), edad, discapacidad, afiliación o creencia política, o contra cualquier beneficiario, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Inversión y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título I de WIOA.

El beneficiario no deberá discriminar en los siguientes áreas: decidiendo quién será permitido de participar, o tendrá acceso a cualquier programa o actividad que recibe apoyo financiero bajo el Título I de WIOA; proporcionando oportunidades en, o tratar a cualquier persona con respecto a un programa o actividad semejante; o tomar decisiones de empleo en la administración de, o en conexión a un programa o actividad semejante.

Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas con discapacidades sean tan efectivas como las comunicaciones con los demás. Esto significa que, a petición y sin costo alguno para el individuo, los recipientes están obligados a proporcionar ayuda auxiliar y servicios para individuos con discapacidades calificados.

## QUE DEBE HACER SI CREE QUE HA SIDO DISCRIMINADO

Si usted piensa que ha sido discriminado en un programa o actividad que recibe apoyo financiero bajo el Título I de WIOA, usted puede presentar una queja no más de 180 días después de la fecha en que ocurrió la presunta violación, ya sea con: El oficial de igualdad de oportunidad del recipiente (o la persona que el recipiente haya designado para este propósito):

**Danielle Smith, State Equal Opportunity Officer**  
Department of Education and Workforce Development - Office of Workforce Development  
301 West High Street  
P.O. Box 1087  
Jefferson City, MO 65102  
danielle.smith@dhewd.mo.gov  
Teléfono: (573) 751-2428 | Fax: (573) 751-4088  
Relay Missouri: 711

o:

**Director, Civil Rights Center (CRC), U.S. Department of Labor**  
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210  
o electrónicamente como indica el sitio web del CRC [www.dol.gov/crc](http://www.dol.gov/crc)

Si usted presenta una queja con el recipiente, usted debe esperar hasta que el recipiente emita una decisión final escrita o que pasen por lo menos 90 días (lo que ocurra primero), antes de presentar una queja con el Centro de Derechos Civiles (CRC, por sus siglas en inglés) a la dirección mencionada previamente. Si el beneficiario no le entrega una decisión final escrita dentro de 90 días después de la fecha en que presento su queja, usted puede presentar su queja con el CRC antes que reciba la decisión final. Sin embargo, es necesario presentar su queja con el CRC dentro de 30 días después de la fecha límite de 90 días (en otras palabras, dentro de 120 días después de la fecha en que presento la queja con el recipiente). Si el recipiente emite una decisión final escrita, pero usted no está satisfecho con el resultado o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja con el CRC dentro de 30 días después que reciba la decisión final escrita.

### Agencia de Sub-Estado/Oficial de Oportunidades Igualitarias

Nombre: Daniel Smith

Dirección: 1740 Paseo KCMO 64108

Teléfono: 816-471-2330

Para más información sobre cómo presentar una reclamación, visite [jobs.mo.gov/equalopportunity](http://jobs.mo.gov/equalopportunity)



**Programa de Empleadores  
que Brindan  
Oportunidades Igualitarias**

Se ofrece apoyo y servicios auxiliares a las personas con discapacidades que lo soliciten.

DWD-102-S (10-2019)

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

- 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, or 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, on the basis of the individual's citizenship status or participation in any WIOA Title 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 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:

**Danielle Smith, State Equal Opportunity Officer**

Missouri Department of Higher Education and Workforce Development - Office of Workforce Development  
301 W. High Street  
PO Box 1087  
Jefferson City, MO 65102  
[danielle.smith@dhewd.mo.gov](mailto:danielle.smith@dhewd.mo.gov)  
Phone: (573) 751-2428 | Fax: (573) 751-4088  
Missouri Relay Services at 711

**The Director, Civil Rights Center (CRC)**, U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until 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 (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. 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 CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.

## Program Complaints and Grievances Acknowledgement

WIOA regulations require each state to establish a procedure for grievances and program complaints received from participants being served by the workforce system. To seek a formal resolution, you must first file your complaint locally. This process is intended to allow for a resolution of the issue at the most local level. You must start the process by submitting your complaint within your local workforce system, either through your local One-Stop Job Center or local workforce development board. You have up to one year to file a grievance. The Office of Workforce Development encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIOA Complaint Form.

The complainant should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff shall take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to insure completeness. Care should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIOA Complaint Form.

### The grievance should include the following

1. Full name, telephone number and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s)
4. A statement of how you would like the matter to be resolved (e.g. if the agency finds in your favor what you would like to see happen or to receive);
5. Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIOA programs, agreements or LWB policies and activities.

### You may file your grievance with the Local Workforce Board Grievance Officer at

**NAME/TITLE** Daniel C. Smith  
**ADDRESS 1** 1720 Paseo, Kansas City, MO 64108  
**ADDRESS 2**  
**PHONE/FAX** 816-471-2330  
**EMAIL** dsmith1@feckc.org

Within 60 calendar days of filing your grievance, WIOA requires the local area to provide a formal hearing, if the issue is not resolved informally prior to the hearing. If you find the local hearing decision unsatisfactory, or if the local area does not respond to you in the allotted 60 days, you will have the opportunity to file a request for review by the State. At the State level, WIOA requires an opportunity for an informal resolution and hearing to be completed within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal, WIOA allows for a formal appeal to the U.S. Department of Labor (DOL). Federal appeals must be made within 60 calendar days of the receipt of the decision being appealed. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until the formal procedure has been followed.

**Retaliation:** No OWD employee, recipient or sub-recipient may discharge, intimidate, retaliate, threaten, coerce or discriminate against any individual because the individual has filed a discrimination complaint or otherwise participated in the investigation of a discrimination complaint.



**Attachment A:**  
**Missouri Division of Workforce Development Issuance 16-2017,**  
**Disseminating Notices for Equal Opportunity Complaints and**  
**WIOA Complaints and Grievances**





Missouri Division of Workforce Development  
DWD Issuance 16-2017

Issued: December 15, 2017  
Effective: December 15, 2017

**Subject: Disseminating Notices for Equal Opportunity Complaints and WIOA Complaints & Grievances**

1. Purpose: This Issuance updates, supersedes, and rescinds previous guidance<sup>1</sup> identifying who must receive notification of the right to pursue complaints or grievances related to Equal Opportunity (EO) issues or programmatic delivery of programs and services. This Issuance identifies those persons from whom workforce staff must obtain and retain a signed acknowledgement of notification of those rights. It also incorporates changes in federal and State laws, regulations, and policies that have become effective since the previous guidance. At a future date, the final, adopted version of Missouri's *Nondiscrimination Plan*<sup>2</sup> (formerly known as the *Methods of Administration*) will incorporate the guidance in this Issuance.

2. Background: The regulations<sup>3,4</sup> implementing the Section 181(c)<sup>5</sup> [Grievance Procedure] and the Section 188<sup>6</sup> [Nondiscrimination] provisions of the Workforce Innovation and Opportunity Act (WIOA)<sup>7</sup> require recipients to provide initial and continuing notification of their rights to all parties to WIOA-funded Title I activities. This includes:<sup>8</sup>

- Registrants, applicants, and registrants and applicants for whom an eligibility determination has been made;
- Participants;
- Applicants for employment and employees;
- Unions or professional organizations that hold collective bargaining or professional agreements with the recipient;
- Recipients that receive WIOA Title I financial assistance; and
- Members of the public, including those with impaired vision or hearing and those with limited English proficiency.

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<sup>1</sup> DWD Issuance 01-2014-C1, "Equal Opportunity and Complaint & Grievance, Notice and Dissemination, Change 1," July 22, 2014 [*heroin rescinded*].

<sup>2</sup> [29 C.F.R. 38.54](#).

<sup>3</sup> [20 CFR 683.600](#), "What local area, State, and direct recipient grievance procedures must be established?"

<sup>4</sup> [29 CFR Part 38](#), "Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act."

<sup>5</sup> [29 U.S.C. 3241\(c\)](#).

<sup>6</sup> [29 U.S.C. 3248](#).

<sup>7</sup> Pub. L. 113-128 [[29 U.S.C. 3101 et seq.](#)].

<sup>8</sup> [29 CFR 38.34\(a\)](#). Per its authority under [20 CFR 683.600](#), the State of Missouri identifies these same parties as requiring notification of the right to file WIOA programmatic complaints or grievances.



The notifications must contain the regulation-prescribed language and requirements<sup>9</sup> as shown in **Attachment 1**, and must include the contact information for the Local Workforce Development Area (LWDA) EO Officer as well as the State EO Officer. The Local and State EO Officers are responsible for ensuring compliance with the 20 CFR Part 683.600 and 29 CFR Part 38 regulations, and are the designated recipients for WIOA EO and programmatic complaints and grievances.

The scope of these rules is limited to programs and activities operated by a recipient, including a one-stop partner, to the extent that the employment is in the administration of, or in connection with, programs and activities financially assisted under WIOA Title I, including those that are part of the one-stop delivery system.<sup>10</sup>

Specifically applicable to EO complaints and grievances, no recipient may discriminate on the following bases:<sup>11</sup>

*“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, or 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, on the basis of the individual’s citizenship status or participation in any WIOA Title 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 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.”*

Notification applies to each presentation by a recipient to orient new participants, new employees, and/or the public to its WIOA Title I-financially assisted program or activity. Whether in person, over the Internet, or using other technology, a recipient must include a discussion of rights and responsibilities under the nondiscrimination and EO provisions of WIOA and 29 CFR Part 38, including the right to file a complaint of discrimination.<sup>12</sup> The recipient must communicate this information in appropriate languages<sup>13</sup> and in formats accessible for individuals with disabilities.<sup>14</sup>

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<sup>9</sup> [29 CFR 38.35](#) and [20 CFR 683.600](#).

<sup>10</sup> [29 CFR 38.2](#), [29 CFR 38.4\(zz\)](#), [29 CFR 38.18](#).

<sup>11</sup> [29 CFR 38.35](#).

<sup>12</sup> [29 CFR 38.39](#).

<sup>13</sup> [29 CFR 38.9](#).

<sup>14</sup> [29 CFR 38.15](#).

3. Substance:

All employees (performing duties related to WIOA programs or services) of WIOA Title I-financially assisted employers, customers, non-customers,<sup>15</sup> and WIOA-funded training employers must be made aware of their EO rights and responsibilities, as well as their programmatic complaint and grievance rights and responsibilities under WIOA. To ensure equal opportunity for customers within the Workforce System, the Missouri Division of Workforce Development (DWD) and its sub-recipients must provide initial and continuing notice that they do not discriminate on any prohibited grounds, and that there is a process to resolve any complaints or grievances.

To ensure that certain affected parties to WIOA Title I-financially assisted programs and services have been properly notified and provided with a copy of their rights and responsibilities, DWD requires a signed attestation. This marked and signed form (**Attachment 1**) is to be retained in the individual's or recipient's file. It must be obtained from **applicants for employment, employees (of recipients), participants, and recipients** (including employers), as defined below:

- An **“applicant for employment”** means a person or persons who make(s) an application for employment with a recipient of federal financial assistance under WIOA Title I.<sup>16</sup>
- An **“employee”** means a covered employee, of a recipient, included in the Unemployment Insurance (UI) wage records of that recipient.
- A **“participant”** means an individual who has been determined to be eligible to participate in, and who is receiving any aid, benefit, service, or training under, a program or activity financially assisted in whole or in part under Title I of WIOA.<sup>17</sup> This includes participants in WIOA Adult, Dislocated Worker, and Youth programs, National Dislocated Worker Grant participants, Trade Adjustment Assistance participants, and any other program for which a hard-copy participant file is required.
- A **“recipient”** means an entity that receives financial assistance under Title I of WIOA. “Recipient” includes, but is not limited to:<sup>18</sup>
  - State-level agencies that administer, or are financed in whole or in part with, WIOA Title I funds;
  - State Workforce Agencies;
  - State and Local Workforce Development Boards;
  - Local Workforce Development Areas (LWDA) grant recipients;
  - One-stop operators;
  - Service providers, including eligible training providers;
  - On-the-Job Training (OJT) employers;
  - Other National Program recipients.

4. Action:

This Issuance is effective immediately. Please distribute this Issuance to appropriate individuals.

5. Contact:

Please direct questions or comments regarding this Issuance to the State Equal Opportunity Officer, at (573) 751-2428 or email [danielle.smith@ded.mo.gov](mailto:danielle.smith@ded.mo.gov)

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<sup>15</sup> [29 CFR 38.15](#), [29 CFR 38.34](#), [29 CFR 38.39](#) and others. Many of the Part 38 regulations include and affect the “general public” as well as persons directly interacting with WIOA programs and services. Therefore, complaints could involve actions or behaviors involving non-participants present at a training location or a Job Center, for example.

<sup>16</sup> [29 CFR 38.4\(d\)](#).

<sup>17</sup> [29 CFR 38.4\(oo\)](#).

<sup>18</sup> [29 CFR 38.4\(zz\)](#).

6. References:
- WIOA, Pub. L. 113-128 [[29 U.S.C. 3101 et seq.](#)].
  - [20 CFR 683.600](#), “What local area, State, and direct recipient grievance procedures must be established?”
  - [29 CFR Part 38](#), “Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act.”
7. Rescissions: This Issuance supersedes and rescinds DWD Issuance 01-2014-C1, “Equal Opportunity and Complaint & Grievance, Notice and Dissemination, Change 1,” July 22, 2014.
8. Attachments: Attachment 1: WIOA EO Notice and Programmatic Complaint Notice and acknowledgement form.

The Missouri Division of Workforce Development is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.  
Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.



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Mardy L. Leathers  
Director  
Missouri Division of Workforce Development

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: 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, or 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, on the basis of the individual's citizenship status or participation in any WIOA Title 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 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:

Danielle Smith  
State WIOA Equal Opportunity Officer  
421 E. Dunklin P.O Box 1087  
Jefferson City, MO 65101  
Telephone: (573) 751-2428 or Fax: (573)751-4088  
Email: [danielle.Smith@ded.mo.gov](mailto:danielle.Smith@ded.mo.gov)  
Email: [DWDComplaintsandgrievances@ded.mo.gov](mailto:DWDComplaintsandgrievances@ded.mo.gov)

or

The Director, Civil Rights Center (CRC),  
U.S. Department of Labor,  
200 Constitution Avenue NW.,  
Room N-4123, Washington, DC 20210

or

electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until 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 (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with the CRC before receiving that Notice. 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.

Missouri Division of Workforce Development is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.  
Missouri Relay Services are available at 711.

WIOA regulations require each state to establish a procedure for grievances and program complaints received from participants being served by the workforce system. To seek a formal resolution, you must first file your complaint locally. This process is intended to allow for a resolution of the issue at the most local level. You must start the process by submitting your complaint within your local workforce system, either through your local One-Stop Job Center or local workforce development board. You have up to one year to file a grievance. DWD encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIOA Complaint Form.

The complainant should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff shall take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to ensure completeness. Care should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIOA Complaint Form.

**The grievance should include the following:**

1. Full name, telephone number and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s)
4. A statement of how you would like the matter to be resolved (e.g. if the agency finds in your favor what you would like to see happen or to receive);
5. Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIOA programs, agreements or Local Workforce Development Board policies and activities.

**You may file your grievance with the Local Workforce Board Grievance Officer at**

**NAME/TITLE**

**ADDRESS 1**

**ADDRESS 2**

**PHONE/FAX**

**EMAIL**

Within 60 calendar days of filing your grievance, WIOA requires the local area to provide a formal hearing, if the issue is not resolved informally prior to the hearing. If you find the local hearing decision unsatisfactory, or if the local area does not respond to you in the allotted 60 days, you will have the opportunity to file a request for review by the State. At the State level, WIOA requires an opportunity for an informal resolution and hearing to be completed within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal, WIOA allows for a formal appeal to the U.S. Department of Labor (DOL). Federal appeals must be made within 60 calendar days of the receipt of the decision being appealed. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until the formal procedure has been followed.

**Retaliation:** No DWD employee, recipient or sub-recipient may discharge, intimidate, retaliate, threaten, coerce or discriminate against any individual because the individual has filed a discrimination complaint or otherwise participated in the investigation of a discrimination complaint.



**I acknowledge receipt of copies of the following Notice of Rights:**

- 1. Equal Opportunity Is the Law Notice
- 2. WIOA Grievance Procedure Notice

\_\_\_\_\_ Date

I have read these Equal Opportunity and WIOA Programs Notices and understand that I have a right to file discrimination or programmatic complaints if I feel that my rights were violated by a WIOA Title I financially assisted program or activity.

This information was provided in the following language/format

English           
  Spanish           
  Other Language (Specify) \_\_\_\_\_  
 Alternate Format (Specify) \_\_\_\_\_

*[Staff instruction: Indicate the correct line by checking one box below, appropriate to the individual, before presenting for a signature]*

**Participant** means an individual who has been determined to be eligible to participate in, and who is receiving any aid, benefit, service, or training under, a program or activity financially assisted in whole or in part under Title I of WIOA. This includes participants in WIOA Adult, Dislocated Worker, and Youth programs, National Dislocated Worker Grant participants, Trade Adjustment Assistance participants, and any other program for which a hard-copy participant file is required. The individual or individuals intended by Congress to receive aid, benefits, services, or training from a recipient.

**Participant Name** \_\_\_\_\_  
Print Name Signature

**Recipient** means an entity that receives financial assistance under Title I of WIOA. "Recipient" includes, but is not limited to: State-level agencies that administer, or are financed in whole or in part with, WIOA Title I funds; State Workforce Agencies; State and Local Workforce Development Boards; Local Workforce Development Area grant recipients; One-stop operators; Service providers, including **eligible training providers**; On-the-Job Training employers; and other National Program recipients.

**Recipient** \_\_\_\_\_  
Organization Name Print Name/Title Signature

**Applicant for employment** means a person or persons who make(s) an application for employment with a recipient of federal financial assistance under WIOA Title I.

**Applicant for Employment** \_\_\_\_\_  
Print Name Signature

**Employee** means a covered employee, of a recipient, included in the Unemployment Insurance (UI) wage records of that recipient.

**Employee** \_\_\_\_\_  
Print Name Signature

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at [jobs.mo.gov](http://jobs.mo.gov) or (888) 728-JOBS (5627).

Missouri Division of Workforce Development is an equal opportunity employer/program.  
 Auxiliary aids and services are available upon request to individuals with disabilities.  
 Missouri Relay Services are available at 711.



**Attachment B:**

**Missouri Division of Workforce Development Issuance 09-2012,  
Workforce Investment Act Complaint Resolution Policies**



MO Div. of Workforce Development  
DWD Issuance 09-2012

Issued: January 3, 2013  
Effective: Immediately

**Subject: Workforce Investment Act Complaint Resolution Policies**

1. Purpose: This Issuance is written to define the procedures that the Division of Workforce Development (DWD) and local program operators will use when individuals file complaints or grievances. This Issuance includes separate policies for general grievances and discrimination complaints.

2. Background: Section 188 of the Workforce Investment Act (WIA) provides that no individual will be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any WIA-funded program or activity because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief or, for any beneficiary, because of the beneficiary's citizenship status as a lawfully admitted immigrant authorized to work in the United States or for participation in any WIA Title I financially assisted program or activity. Federal implementing regulations that codify WIA's nondiscrimination and equal opportunity (EO) provisions provide that each WIA recipient must establish a discrimination complaint process that meets certain requirements. *See* 29 C.F.R. Part 37.

Additionally, every recipient of funds under Title I of WIA must maintain a procedure for general grievances and complaints that do not allege violations of WIA's nondiscrimination and EO provisions, in accordance with 20 CFR 667.600, *et seq.*

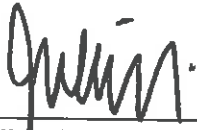
Finally, 20 CFR 667.630 and TEGL 2-12 set forth procedures for notifying the appropriate administrators of known or suspected cases of criminal and other illegal or improper activities involving grantees and other recipients or subrecipients of federal funds from the United States Department of Labor's Employment and Training Administration.

3. Substance: To establish the procedures that DWD and local program operators will use to process complaints and grievances, as mandated by the WIA and its implementing regulations. These procedures apply to all levels of DWD and its One-Stop partners. The policies implemented by this Issuance cover:

- 1) WIA EO complaints
- 2) WIA general complaints and grievances; and
- 3) WIA complaints of criminal, illegal, or improper activities.



4. Action: This Issuance is effective immediately. Please distribute this Issuance to all appropriate individuals.
5. Contact: Direct questions or comments regarding this Issuance to Danielle Smith, State WIA EO and Complaint and Grievance Officer, at 573.751.2428, or [danielle.smith@ded.mo.gov](mailto:danielle.smith@ded.mo.gov).
6. Reference: 29 C.F.R. Section 37.4 contains the definitions of the terms used in the implementation of nondiscrimination and EO requirements of the WIA. For convenience, some of the definitions found in that section are listed below. If a conflict exists between terminology, as defined in this policy and 29 C.F.R. Section 37.4, the definition in 29 C.F.R. Part 37.4 is controlling.
7. Rescissions: This Issuance rescinds DWD Issuance 16-99, Change 4 dated September 4, 2008; and this Issuance makes the information contained in DWD--100 (8-07), WIA Complaint and Grievance Guide for the Missouri One-Stop System brochure, outdated and no longer applicable.
8. Attachments: Attachment 1 DWD Equal Opportunity Complaint Policy  
Attachment 2 DWD WIA Complaint and Grievance Policy  
Attachment 3 Equal Opportunity is the Law Poster DWD-102(9-12)



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Julie Gibson  
Director  
MO Div. Of Workforce Development



**DIVISION OF WORKFORCE DEVELOPMENT  
EQUAL OPPORTUNITY POLICY**

**January 3, 2013**

References include the following: Public Law 105-220, Workforce Investment Act (WIA) Section 188, and 29 C.F.R. Part 37.

**Who May File**

- (1) Any person who believes that either he or she, or any specific class of individuals, has been or is being subjected to discrimination prohibited by WIA or its implementing regulations may file a written complaint, either by him/herself or through an authorized representative.
- (2) WIA prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, discrimination on the basis of either citizenship or status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA title I financially assisted program or activity; Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin; section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, which prohibit discrimination against qualified individuals with disabilities; The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

**Time and Place for Filing**

- (1) Complainants may file within one hundred and eighty (180) days of the alleged discrimination.
- (2) Discrimination complaints may be filed with a state or local administrative entity, service provider, One-Stop operator or with the Director of the Civil Rights Center (CRC), U.S. department of labor, 200 Constitution Ave. NW, room N-4123, Washington D.C. 20210.

**Time Limits**

The Division of Workforce Development (DWD) must complete its discrimination complaint processing procedures and issue a written notice of final action within ninety (90) calendar days from the date the complaint was filed.

### **Initial Review of Written Complaints**

Any DWD or partner employee may take a written discrimination complaint from a complainant or a complainant's designated representative. A written complaint must include: the complainant's name and address; the identity of the individual or entity that the complainant alleges is responsible for the discrimination; a description of the complainant's allegations in enough detail to allow an initial determination of jurisdiction, timeliness, and the apparent merit of the complaint; and the complainant's signature or the signature of the complainant's authorized representative. Complaints may be made on the Discrimination Complaint Form attached hereto as **Attachment 1-A**.

### **Complaint Routing and Record Keeping**

A DWD or local program operator employee who takes a discrimination complaint must immediately route the complaint to the State Equal Opportunity (EO) Officer or the local EO Officer for the region in which the subject matter of the complaint occurred. State and local EO Officers will log all complaints on the form attached to this policy (**Attachment 1-B**) DWD-PO-524 EO Local WIA Discrimination Complaint Log (2012-05)). The log will include: the name and address of the complainant; the basis for the complaint; a description of the complaint; the disposition and date of disposition of the complaint; and any other pertinent information. State and local EO Officers are responsible for keeping any information that could lead to the identification of the person filing the complaint confidential.

Immediately upon receiving and logging a discrimination complaint, a local EO Officer will forward the complaint to the State EO Officer for determination of jurisdiction and further processing.

### **Jurisdiction of the Discrimination Complaint**

DWD's State WIA EO Office has jurisdiction over complaints that:

- Are filed against a WIA recipient;
- Allege a basis for discrimination that is prohibited by WIA; and
- Are filed within one hundred and eighty (180) calendar days of the alleged discrimination.

### **Notice of Lack of Jurisdiction**

If the State EO Officer determines that the DWD EO Office does not have jurisdiction to process a complaint under this policy, she will send a notice of lack of jurisdiction to the complainant within ten (10) days of receipt. Such notice will include the reason for the determination, and notice that the complainant has the right to file a complaint directly with CRC within thirty (30) calendar days from receipt of the notice of lack of jurisdiction.

If the State EO Officer determines that the EO Office does have jurisdiction to process the complaint, the EO Officer will send written notice to the complainant stating that the complaint has been accepted, also within ten (10) days of receipt. The notice will list the issues raised in the complaint, and state for each issue whether it has been accepted for investigation or rejected and the reason for its rejection. The notice will advise that the complainant has the right to be represented by an attorney or another person of the complainant's choice. The notice will also give the complainant the right to choose between an Alternative Dispute Resolution (ADR) process or investigation.

### **ADR Process**

If the party filing the complaint requests to use an ADR process to resolve the complaint, the State EO officer will conduct mediation to attempt to resolve the complaint. The EO Officer will schedule mediation by written notice, mailed to all interested parties at least seven (7) calendar days prior to the first mediation session. The notice will include the date, time, and place of the mediation. The mediation process must be concluded within thirty (30) calendar days from the date the complaint was filed. The complaint is considered resolved when all parties to the complaint enter into a written agreement resolving the issues raised in the complaint. The written agreement will give notice that if the terms of the agreement are breached, the non-breaching party may file a complaint with CRC within thirty (30) calendar days of the date the non-breaching party learns of the breach. If the parties do not reach an agreement, the State EO officer will conduct an investigation, as described herein.

### **Investigation Process**

If ADR does not resolve the discrimination complaint, or if the complainant elects to forego mediation, the State EO Officer will conduct a fact-finding investigation of the allegations contained in the complaint. The investigation may include interviews with the complainant, respondent and any witnesses; requests for pertinent documents; on-site inspection; and research of applicable policies and procedures. Throughout the investigation process, the EO Officer will keep the identity of any individual who furnishes information relating to, or assisting in, the investigation, including the identity of the individual who filed the complaint, confidential to the extent possible, consistent with a fair determination of the issues.

### **Notice of Final Action**

Within ninety (90) days of receipt of the complaint, the State EO Officer will issue to the complainant a notice of final action. The notice of final action will contain: the EO Office's decision on each issue and the reasons for the decision; a description of the way the parties resolved the issue; and notice that the complainant has the right to file an appeal with CRC within thirty (30) calendar days from the date the notice of final action is issued if dissatisfied with the WIA recipient's final action on the complaint.

### **Retaliation**

No DWD employee may discharge, intimidate, retaliate, threaten, coerce or discriminate against any individual because the individual has filed a discrimination complaint or otherwise participated in the investigation of a discrimination complaint.



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
DIVISION OF WORKFORCE DEVELOPMENT

**DISCRIMINATION COMPLAINT INFORMATION**

<b>For DWD Office Use Only</b>	
DCIF Received	<input type="checkbox"/> Accepted
By: _____	<input type="checkbox"/> Not Accept
Date: _____	Case# _____

**COMPLAINT INFORMATION** *(Please print)*

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER <i>(Voluntary)</i>
ADDRESS	HOME TELEPHONE <i>(Include Area Code)</i>	WORK TELEPHONE <i>(Include Area Code)</i>
CITY	STATE	ZIP CODE

**RESPONDENT INFORMATION** *(Please print)*

NAME OF AGENCY	TELEPHONE <i>(Include Area Code)</i>
ADDRESS OF AGENCY	FAX <i>(Include Area Code)</i>
CITY	STATE
	ZIP CODE

WHAT IS THE MOST CONVENIENT TIME AND PLACE FOR US TO CONTACT YOU ABOUT THIS COMPLAINT?  am  pm

TO THE BEST OF YOUR RECOLLECTION ON WHAT DATE(S) DID THE DISCRIMINATION TAKE PLACE? DATE OF FIRST OCCURRENCE? DATE OF MOST RECENT OCCURRENCE?

Have you ever attempted to resolve this complaint at the Federal level?   
(Civil Rights Center, Washington DC, Department of Health and Human Services, U.S. Department of Agriculture)  YES  NO

Have you been provided with a final decision at the Federal level regarding your complaint?  YES  NO

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

\_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, which of the following Missouri One-Stop System programs or services were involved? (Check one)

Dislocated Worker Program     Adult Programs     Youth Programs     Career Assistance Program (CAP)

Welfare to Work     Parent's Fair Share     Workforce Investment Act     MO Employment & Training Prog. (METP)

Other \_\_\_\_\_

Do you think the discrimination against you involved: (Check one)

Your job or seeking employment? OR  Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

<input type="checkbox"/> Discharge/Termination	<input type="checkbox"/> Promotion	<input type="checkbox"/> Training	<input type="checkbox"/> Transfer	<input type="checkbox"/> Union Activity	<input type="checkbox"/> Application
<input type="checkbox"/> Qualification/Testing	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Referral	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Layoff/Furlough	<input type="checkbox"/> Placement
<input type="checkbox"/> Intimidation/Reprisal	<input type="checkbox"/> Benefits	<input type="checkbox"/> Transition	<input type="checkbox"/> Recall	<input type="checkbox"/> Union Representation	<input type="checkbox"/> Discipline
<input type="checkbox"/> Performance Appraisal	<input type="checkbox"/> Harassment	<input type="checkbox"/> Firing	<input type="checkbox"/> Wages	<input type="checkbox"/> Access/Accommodation	<input type="checkbox"/> Seniority
<input type="checkbox"/> Other _____					

Basis of Complaint: Which of the following best describes why you believe you were discriminated against. (Check all that apply)

<input type="checkbox"/> Race    Specify: _____	<input type="checkbox"/> Reprisal/Retaliation
<input type="checkbox"/> Color    Specify: _____	<input type="checkbox"/> National Origin    Specify: _____
<input type="checkbox"/> Religion    Specify: _____	<input type="checkbox"/> Political    Specify: _____
<input type="checkbox"/> Disability    Specify: _____	<input type="checkbox"/> Citizenship    Specify: _____
<input type="checkbox"/> Age    Date of Birth: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Why do you believe these events occurred?

\_\_\_\_\_

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

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

Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:

NAME	ADDRESS	TELEPHONE NO. (Area Code)

Do you have an attorney?  Yes  No

NAME	ADDRESS	TELEPHONE NUMBER (Area Code)
------	---------	------------------------------

Have you filed a case or complaint with any of the following?  
 U.S. Equal Employment Opportunity Commission  
 Missouri Commission on Human Rights  
 Civil Rights Division, U.S. Department of Justice

For each item checked above, please provide the following information:

AGENCY	DATE FILED	CASE OR DOCKET NUMBER
--------	------------	-----------------------

LOCATION OF AGENCY OR COURT	DATE OF TRIAL OR HEARING
-----------------------------	--------------------------

NAME OF INVESTIGATOR	STATUS OF CASE
----------------------	----------------

COMMENTS

AGENCY	DATE FILED	CASE OR DOCKET NUMBER
--------	------------	-----------------------

LOCATION OF AGENCY OR COURT	DATE OF TRIAL OR HEARING
-----------------------------	--------------------------

NAME OF INVESTIGATOR	STATUS OF CASE
----------------------	----------------

COMMENTS

(Complaint NOT valid unless signed): Please Note: Filing a discrimination complaint with the Division of Workforce Development does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Missouri Commission on Human Rights (MCHR) at 573.751.3325. A complaint must be filed with DWID within 180 days from the date of the alleged violation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Yes, DWD may disclose my identity as necessary to investigate my complaint.**

### CONSENT FORM

NAME

I have filed a Division of Workforce Development (DWD) Discrimination Complaint and understand and agree to the following terms and conditions regarding resolution and investigation of my complaint:

SIGNATURE

DATE

- a) In the course of investigating my complaint, DWD may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;
- b) I may request and receive a copy of any personal information DWD keeps in my complaint file for investigatory uses, and;
- c) Under certain conditions, DWD may be required by the Missouri Sunshine Law, Chapter 610, to reveal to others personal information I have provided in connection with my complaint.

**No, DWD may not disclose my identity, even if necessary to process my complaint.**

I do not consent for DWD to disclose my identity during investigation of my complaint. I request that DWD process my complaint, however, I understand that DWD may terminate processing my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWD may close my complaint if it cannot begin an investigation because I have not consented for DWD to reveal my identity.

NAME

SIGNATURE

DATE







**MISSOURI DIVISION OF WORKFORCE DEVELOPMENT  
WORKFORCE INVESTMENT ACT  
PROGRAM, AGREEMENTS, POLICIES AND ACTIVITIES  
COMPLAINT AND GRIEVANCE POLICY**

Every recipient of funds under Title I of THE Workforce Investment Act (WIA) must maintain a written procedure for grievances and complaints in accordance with 20 CFR 667.600, *et seq.* As such, this policy will govern the Division of Workforce Development's (DWD) processing of WIA complaints and grievances.

General WIA complaints may be made up to one (1) year from the date of the event or condition alleged to be a violation of WIA. The appropriate resolution process to be followed depends on the nature of the complaint. General WIA complaints fall into the following two categories:

1. Complaints involving local WIA programs, agreements, or local Workforce Investment Board (LWIB) policies and activities; or
2. Complaints involving State WIA policies, programs, activities, or agreements.

A complaint may be amended or withdrawn at any time prior to a scheduled hearing.

Any DWD employee who processes a WIA complaint will keep information that could lead to the identification of the person filing the complaint confidential, to the extent practical. The identity of any person who furnishes information related to, or assisting in, an investigation will also be kept confidential to the extent possible.

DWD and its One-Stop partners will not discharge, intimidate, retaliate, threaten, coerce, or discriminate against any person because such person files a complaint, opposes a prohibited practice, furnishes information, assists, or participates in any manner in an investigation or hearing.

**General WIA Complaints**

Attached to this policy is the DWD General WIA Complaint Form (**Attachment 2-A**) that the DWD uses as a complaint intake tool. Local offices may duplicate this form for the purpose of receiving general WIA complaints. Any alternate form must include all information required on the General WIA Complaint Form. Any complaint received in writing will be accepted and handled in the same manner as if it were made on the General WIA Complaint Form. State and local Equal Opportunity (EO) Officers will log all WIA formal complaints on the form attached to this policy (**Attachment 2-B** DWD-PO-526 EO Local WIA Complaint Log (2012-05)). The log shall include: the name and address of the complainant; the basis for the complaint; a description of the complaint; the disposition and date of disposition of the complaint; and any other pertinent information.

DWD encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIA Complaint Form.

The complainant should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff must take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to insure completeness. Care should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIA Complaint Form:

1. Full name, telephone number, and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s).

### **Complaints Involving Local Programs and Policies**

#### **Who May File**

Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIA programs, agreements or LWIB policies and activities.

#### **Complainants with Disabilities**

DWD will accommodate complainants with disabilities so that they may file complaints. Alternate formats will be used on request to notify the complainant of hearings, results, and any other written communication. DWD will provide auxiliary aides and services, such as deaf interpreters or assistive listening devices, on request for negotiations, hearings and any other meetings where aural communication occurs. An accessible location will be used for hearings and other meetings on request.

#### **Time and Place for Filing**

Complaints may be filed with the local administrative entity or the service provider within one (1) year from the date of the event or condition alleged to be a violation of WIA.

#### **Resolution Process**

##### **Initial Review- Step One**

If the complaint alleges a violation of any statute, regulation, policy, or program that is not governed by WIA, the local administrative entity or service provide may refer the complaint to the appropriate organization for resolution. In such cases, the local administrative entity or service provider will notify the complainant of the referral.

Once the local administrative entity or the service provider receives the complaint from the complainant or the complainant's designated representative, the receiving employee will log the complaint. The local administrative entity or service provider will then establish a complaint file containing the following:

1. Application and enrollment forms;
2. Completed General WIA Complaint Form (or complainant's written statement);
3. Chronological log of events or conditions alleged to be a violation of WIA;
4. Any relevant correspondence; and
5. Record of the attempted informal resolution.

### **Informal Resolution- Step Two**

The local administrative entity or service provider will attempt to informally resolve the complaint to the satisfaction of all parties. This informal resolution process must be completed within ten (10) business days from the date the complaint is filed. If all parties are satisfied, the complaint is considered resolved, and the terms and conditions of the resolution must be documented in the complainant's file. When a service provider attempts the informal resolution, the service provider will forward the complaint file to the local administrative entity. The local administrative entity will review the complaint file and investigate it further if necessary.

### **Formal Resolution-Step Three**

When an informal resolution is not possible, the local administrative entity will issue a determination within twenty (20) calendar days from the date the complaint was filed. If the complainant does not request an appeal of the determination, the complaint is considered resolved, and the local administrative entity or service provider will document this in the complaint file. Any party dissatisfied with the determination may request a hearing within seven (7) calendar days of the date of the determination.

### **Hearing-Step Four**

A complainant may amend or withdraw his or her complaint at any time prior to a scheduled hearing.

If the complaint is not withdrawn, the local administrative entity will designate a hearing officer to ensure the complaint receives fair and impartial treatment. The hearing must be conducted within forty-five (45) calendar days from the date the complaint was filed. The hearing officer will schedule a formal hearing and mail a written notice to the complainant, the respondent, and any other interested party at least seven (7) business days prior to the hearing.

The notice will include the date, time, and place of the hearing. Parties may present witnesses and documentary evidence, and question others who present evidence and witnesses. The complainant may request that records and documents be produced. Attorneys or another designated representative (s) may represent each party. All testimony will be taken under oath or affirmation. The hearing will be recorded either in writing or by audiotape.

The hearing officer's recommended resolution will include a summary of factual evidence presented during the hearing and the conclusions upon which the recommendation is based. The hearing officer will also concur with the chief local elected official (CLEO) toward reaching consensus on the recommended resolution to the complaint. If consensus cannot be reached, the hearing office will initiate a request to the state for resolution.

#### **Final Decision -Step Five**

The local administrative entity will review the recommendation of the hearing officer and issue a final decision within sixty (60) calendar days from the date the complaint was filed.

#### **Appeal – Step Six**

Any party dissatisfied with the local administrative entity's final decision, or any party who has not received either a final decision or a resolution within sixty (60) calendar days from the date the complaint was filed, may request an appeal. The appeal must be received by the DWD within ninety (90) calendar days from the date the complaint was filed at the following address:

Missouri Division of Workforce Development  
State WIA Complaint and Grievance Office  
Danielle Smith, State WIA Complaint and Grievance Officer  
421 E. Dunklin Street  
Jefferson City, MO 65101-1087

DWD will review the complaint file, the hearing record, and all applicable documents and issue a final decision on the appeal within thirty (30) calendar days from the date the appeal was received.

### **Complaints Involving State WIA Policies, Programs, Activities or Agreements**

#### **Who May File**

Applicants, employees, participants, service providers, recipients and other interested parties may file a complaint alleging a violation of State WIA policies, programs, activities or agreements.

#### **Complainants with Disabilities**

DWD will accommodate complainants with disabilities, so that they may file complaints. Alternate formats will be used on request to notify the complainant of hearings, results, and any other written communication. DWD will provide auxiliary aides and services, such as deaf interpreters or assistive listening devices, upon request for negotiations, hearings, and any other meetings where aural communication occurs. An accessible location will be used for hearings and other meetings on request.

#### **Time and Place for Filing**

Complaints may be filed with the service provider or with DWD within one (1) year from the date of the event or condition alleged to be a violation of WIA.

## **Resolution Process**

### **Initial Review- Step One**

DWD will receive the complaint from the complainant, or the complainant's designated representative. If the complaint alleges a violation of any statute, regulation, policy, or program that is not governed by WIA, DWD will refer the complaint to the appropriate organization for resolution and notify the complainant of the referral.

DWD will log all complaints received. The service provider or DWD will then establish a complaint file containing the following:

1. Application and enrollment forms;
2. Completed General WIA Complaint Form (or complainant's written statement);
3. Chronological log of events or conditions alleged to be a violation of WIA;
4. Any relevant correspondence; and
5. Record of the attempted informal resolution.

### **Informal Resolution- Step Two**

DWD will attempt to informally resolve the complaint to the satisfaction of all parties. This informal resolution process must be completed within ten (10) business days from the date the complaint is filed. If all parties are satisfied by this informal process, the complaint is considered resolved and the terms and conditions of the resolution will be documented in the complaint's file.

### **Formal Resolution- Step Three**

When an informal resolution is not possible, DWD will forward the complaint file to the address below:

Missouri Division of Workforce Development  
State WIA Compliant and Grievance Office  
Danielle Smith, State WIA Complaint and Grievance Officer  
421 E. Dunklin  
Jefferson City, MO 65101-1087

The State WIA Complaint and Grievance Officer will review the complaint file, conduct further investigation, if necessary, and issue a determination within twenty (20) calendar days from the date the complaint was filed. If the complainant does not request an appeal of the determination, the complaint is considered resolved and the complaint file will be documented accordingly. Any party dissatisfied with the determination may request a hearing within fourteen (14) calendar days of the date of the determination.

#### **Hearing-Step Four**

A complainant may amend or withdraw his or her complaint at any time prior to a scheduled hearing. If the complaint is not withdrawn, the DWD will designate a hearing officer to ensure the complaint receives fair and impartial treatment. The hearing must be conducted within forty-five (45) calendar days from the date the complaint was filed. The hearing officer will schedule a formal hearing and mail a written notice to the complainant, the respondent, and any other interested party at least seven (7) business days prior to the hearing. The notice will include the date, time, and place of the hearing.

Parties may present witnesses and documentary evidence, and question others who present evidence and witnesses. The complainant may request that records and documents be produced. Attorneys or another designated representative(s) may represent each party. All testimony will be taken under oath or affirmation. The hearing will be recorded either in writing or by audiotape. The hearing officer's recommended resolution will include a summary of factual evidence presented during the hearing and the conclusions upon which the recommendation is based.

#### **Final Decision- Step Five**

DWD will review the recommendation of the hearing officer and issue a decision within sixty (60) calendar days from the date the complaint was filed. The decision of DWD is considered final.

#### **Appeals to the U.D. Department of Labor (USDOL)**

A complainant who receives an adverse final or appeal decision from the State may appeal that decision to USDOL within sixty (60) days of the receipt of the decision being appealed. Appeals must be filed within one hundred and twenty (120) days of the complainant's filing of the grievance with the State, or filing of the appeal of a local grievance with the State. All appeals must be submitted by certified mail, return receipt requested, to the Secretary, U.S. Department of Labor, Washington, DC 20210, Attention: ASET. A copy of the appeal must be simultaneously provided to the appropriate Employment and Training Administration (ETA) Regional Administrator and the opposing party.

#### **Criminal Fraud, Waste and Abuse**

Information and complaints involving criminal fraud, waste, abuse, or other criminal activity must be reported immediately through the DWD's Incident Reporting System to the USDOL Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D.C. 20210, or to the corresponding Regional Inspector General for Investigations, with a copy simultaneously provided to the ETA. The Hotline number is 1-800-347-3756. Complaints of a non-criminal nature are handled under the procedures set forth in 20 C.F.R. [§ 667.505](#) or through the DWD's Incident Reporting System.



**ATTACHMENT 2-A – DWD Issuance 09-2012**



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
DIVISION OF WORKFORCE DEVELOPMENT

**DISCRIMINATION COMPLAINT INFORMATION**

<b>For DWD Office Use Only</b>	
DCIF Received	<input type="checkbox"/> Accepted
By: _____	<input type="checkbox"/> Not Accept
Date: _____	Casc# _____

**COMPLAINT INFORMATION (Please print)**

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER (Voluntary)
ADDRESS	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)
CITY	STATE	ZIP CODE

**RESPONDENT INFORMATION (Please print)**

NAME OF AGENCY	TELEPHONE (Include Area Code)
ADDRESS OF AGENCY	FAX (Include Area Code)
CITY	STATE
	ZIP CODE

WHAT IS THE MOST CONVENIENT TIME AND PLACE FOR US TO CONTACT YOU ABOUT THIS COMPLAINT?  am  pm

TO THE BEST OF YOUR RECOLLECTION ON WHAT DATE(S) DID THE DISCRIMINATION TAKE PLACE?	DATE OF FIRST OCCURRENCE?	DATE OF MOST RECENT OCCURRENCE?
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Have you ever attempted to resolve this complaint at the Federal level? (Civil Rights Center, Washington DC, Department of Health and Human Services, U.S. Department of Agriculture)  YES  NO

Have you been provided with a final decision at the Federal level regarding your complaint?  YES  NO

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

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To the best of your knowledge, which of the following Missouri One-Stop System programs or services were involved? (Check one)

<input type="checkbox"/> Dislocated Worker Program	<input type="checkbox"/> Adult Programs	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Career Assistance Program (CAP)
<input type="checkbox"/> Welfare to Work	<input type="checkbox"/> Parent's Fair Share	<input type="checkbox"/> Workforce Investment Act	<input type="checkbox"/> MO Employment & Training Prog. (METP)
<input type="checkbox"/> Other _____			

Do you think the discrimination against you involved: (Check one)  
 Your job or seeking employment? OR  Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

<input type="checkbox"/> Discharge/Termination	<input type="checkbox"/> Promotion	<input type="checkbox"/> Training	<input type="checkbox"/> Transfer	<input type="checkbox"/> Union Activity	<input type="checkbox"/> Application
<input type="checkbox"/> Qualification/Testing	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Referral	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Layoff/Furlough	<input type="checkbox"/> Placement
<input type="checkbox"/> Intimidation/Reprisal	<input type="checkbox"/> Benefits	<input type="checkbox"/> Transition	<input type="checkbox"/> Recall	<input type="checkbox"/> Union Representation	<input type="checkbox"/> Discipline
<input type="checkbox"/> Performance Appraisal	<input type="checkbox"/> Harassment	<input type="checkbox"/> Hiring	<input type="checkbox"/> Wages	<input type="checkbox"/> Access/Accommodation	<input type="checkbox"/> Seniority
<input type="checkbox"/> Other _____					

Basis of Complaint: Which of the following best describes why you believe you were discriminated against. (Check all that apply)

<input type="checkbox"/> Race Specify: _____	<input type="checkbox"/> Reprisal/Retaliation
<input type="checkbox"/> Color Specify: _____	<input type="checkbox"/> National Origin Specify: _____
<input type="checkbox"/> Religion Specify: _____	<input type="checkbox"/> Political Specify: _____
<input type="checkbox"/> Disability Specify: _____	<input type="checkbox"/> Citizenship Specify: _____
<input type="checkbox"/> Age Date of Birth: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Why do you believe these events occurred?  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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

Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:

NAME	ADDRESS	TELEPHONE NO. (Area Code)

Do you have an attorney?  Yes  No

NAME	ADDRESS	TELEPHONE NUMBER (Area Code)
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Have you filed a case or complaint with any of the following?

U.S. Equal Employment Opportunity Commission

Missouri Commission on Human Rights

Civil Rights Division, U.S. Department of Justice

For each item checked above, please provide the following information:

AGENCY	DATE FILED	CASE OR DOCKET NUMBER
LOCATION OF AGENCY OR COURT		DATE OF TRIAL OR HEARING
NAME OF INVESTIGATOR	STATUS OF CASE	
COMMENTS		

AGENCY	DATE FILED	CASE OR DOCKET NUMBER
LOCATION OF AGENCY OR COURT		DATE OF TRIAL OR HEARING
NAME OF INVESTIGATOR	STATUS OF CASE	
COMMENTS		

(Complaint NOT valid unless signed): Please Note: Filing a discrimination complaint with the Division of Workforce Development does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Missouri Commission on Human Rights (MCHR) at 573.751.3325. A complaint must be filed with DWD within 180 days from the date of the alleged violation.

SIGNATURE	DATE
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Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.  
Missouri TTY Users: 1-800-735-2966 or 711

**Yes, DWD may disclose my identity as necessary to investigate my complaint.**

**CONSENT FORM**

NAME  
I have filed a Division of Workforce Development (DWD) Discrimination Complaint and understand and agree to the following terms and conditions regarding resolution and investigation of my complaint:

<small>SIGNATURE</small>	<small>DATE</small>
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- a) In the course of investigating my complaint, DWD may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;
- b) I may request and receive a copy of any personal information DWD keeps in my complaint file for investigatory uses, and;
- c) Under certain conditions, DWD may be required by the Missouri Sunshine Law, Chapter 610, to reveal to others personal information I have provided in connection with my complaint.

**No, DWD may not disclose my identity, even if necessary to process my complaint.**

I do not consent for DWD to disclose my identity during investigation of my complaint. I request that DWD process my complaint, however, I understand that DWD may terminate processing my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWD may close my complaint if it cannot begin an investigation because I have not consented for DWD to reveal my identity.

<small>NAME</small>	
<small>SIGNATURE</small>	<small>DATE</small>



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
MISSOURI DIVISION OF WORKFORCE DEVELOPMENT

- Quarterly Report**
- 1st Quarter: July–Sept
  - 2nd Quarter: Oct–Dec
  - 3rd Quarter: Jan–Mar
  - 4th Quarter: Apr–June

**Workforce Investment Act (WIA)  
Complaint and Grievance Log – Local Level**

Agency \_\_\_\_\_

Program Year \_\_\_\_\_

IWTA Region \_\_\_\_\_

EO Officer/Representative \_\_\_\_\_

Complaint File No.	Date Complaint Was Received (mm/dd/yyyy)	Name and Address of Complainant & Status	DOL-Funded Program (Y/N)	Grounds (Bases) of Complaint	Description/Issue/Date of Complaint	AJH (Y/N)	Final Disposition Date & Results

Report Submitted By: \_\_\_\_\_

Issue Submitted: \_\_\_\_\_



# EQUAL OPPORTUNITY IS THE LAW

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

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 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 WIA 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 a program or activity.

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

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

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);
- or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until 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 (see address above). *The recipient must offer you alternative dispute resolution in an effort to resolve your complaint.*

If the recipient does not give you a written Notice of Final Action within 90 days of 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.

## FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT

### For Career Center services:

Danielle Smith  
 danielle.smith@ded.mo.gov  
 State WIA Equal Opportunity Officer  
 Department of Economic Development  
 Division of Workforce Development  
 P.O. Box 1087  
 Jefferson City, MO 65102  
 Phone (573) 751-2428  
 TDD/TTY: 1-800-735-2966  
 Fax: (573) 751-4088

### For Unemployment Insurance services:

Cornell Dillard  
 cornell.dillard@labor.mo.gov  
 Chief Human Relations Officer  
 Department of Labor and Industrial Relations  
 Division of Employment Security  
 P.O. Box 1087  
 Jefferson City, MO 65102  
 Phone: (573) 751-1339



LABOR.MO.GOV

Local WIA Equal Opportunity Officer:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Equal Opportunity Employer/Program**  
 Auxiliary aids and services are available upon request to individuals with disabilities.

DWD-002 (09-12)