



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.

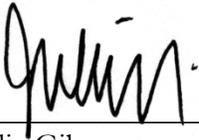
Additionally, every recipient of funds under Title I of WIA must maintain a procedure for general grievances and complaints that do not allege violations of WIA's nondiscrimination and EO provisions, in accordance with 20 CFR 667.600, *et seq.*

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>	
<b>DCIF Received</b>	<input type="checkbox"/> Accepted
<b>By:</b> _____	<input type="checkbox"/> Not Accept
<b>Date:</b> _____	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?
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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.

\_\_\_\_\_

\_\_\_\_\_

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"/> Hiring	<input type="checkbox"/> Wages	<input type="checkbox"/> Access/Accommodation	<input type="checkbox"/> Seniority

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?  Missouri Commission on Human Rights  
 U.S. Equal Employment Opportunity Commission  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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**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 DEPARTMENT OF ECONOMIC DEVELOPMENT  
 MISSOURI DIVISION OF WORKFORCE DEVELOPMENT  
**Workforce Investment Act (WIA)  
 Discrimination Complaint Log—Local Level**

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

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

LWIA 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	ADR (Y/N)	Final Disposition Date & Results

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



**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.



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
DIVISION OF WORKFORCE DEVELOPMENT

**DISCRIMINATION COMPLAINT INFORMATION**

For DWD Office Use Only	
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?
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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)

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?

Discharge/Termination   
  Promotion   
  Training   
  Transfer   
  Union Activity   
  Application  
 Qualification/Testing   
  Enrollment   
  Referral   
  Exclusion   
  Layoff/Furlough   
  Placement  
 Intimidation/Reprisal   
  Benefits   
  Transition   
  Recall   
  Union Representation   
  Discipline  
 Performance Appraisal   
  Harassment   
  Hiring   
  Wages   
  Access/Accommodation   
  Seniority  
 Other \_\_\_\_\_

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

Race    Specify: \_\_\_\_\_   
  Reprisal/Retaliation  
 Color    Specify: \_\_\_\_\_   
  National Origin    Specify: \_\_\_\_\_  
 Religion    Specify: \_\_\_\_\_   
  Political    Specify: \_\_\_\_\_  
 Disability    Specify: \_\_\_\_\_   
  Citizenship    Specify: \_\_\_\_\_  
 Age    Date of Birth: \_\_\_\_\_   
  Other: \_\_\_\_\_  
 Sex     Male     Female

Why do you believe these events occurred?

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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?  Missouri Commission on Human Rights  
 U.S. Equal Employment Opportunity Commission  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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**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 DEPARTMENT OF ECONOMIC DEVELOPMENT  
MISSOURI DIVISION OF WORKFORCE DEVELOPMENT

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

**Quarterly Report**

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

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

LWIA 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	ADR (Y/N)	Final Disposition Date & Results

Report Submitted By: \_\_\_\_\_ Date 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](mailto: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](mailto: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-102 (09-12)