



Program Complaint and Grievance Procedures

GenerationGo!
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San Bernardino, CA 92415
(909) 387-9859

If you believe you have been adversely affected by a decision or action of the local workforce system that is in violation of the Workforce Innovation and Opportunity Act (WIOA), you may file a grievance or complaint using the process described below.

If your complaint involves discrimination, please use the “Discrimination Complaint Procedures” form.

<p>1. Ask to speak with a Program Supervisor within 90 days of the day the incident occurred.</p> <ul style="list-style-type: none"> • A supervisor will contact you within three (3) business days to discuss your complaint or grievance • If you are not satisfied with the decision, go to Step 2
<p>2. Ask to speak with the Program Director about your complaint.</p> <ul style="list-style-type: none"> • The Program Director will contact you within three (3) business days • If you are not satisfied with the decision, go to step 3
<p>3. Ask to speak to the Workforce Development Department Staff Analyst over the WIOA Youth Program.</p> <ul style="list-style-type: none"> • The Staff Analyst will contact you within three (3) business days of step 2 • If you are not satisfied with the decision, go to step 4
<p>4. Ask to speak with a Workforce Development Department Deputy Director about your complaint or grievance.</p> <ul style="list-style-type: none"> • The Deputy Director will contact you within seven (7) business days of step 3 • If you are not satisfied with this decision, go to Step 5
<p>5. The Deputy Director will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses and your service provider.</p> <ul style="list-style-type: none"> • The meeting will take place within 25 business days of the day you spoke with the Program Supervisor about your grievance or complaint • If you are not satisfied with the decision, go to Step 6
<p>6. Complete the <i>Program Complaint and Grievance Request for Hearing 181C</i> form, available from the Staff Analyst. You have the right to a hearing on any grievance or complaint to be conducted by an impartial hearing officer within 30 days of the submission of the 181C form. Send the completed form to:</p> <p style="padding-left: 40px;">Sophie A. Akins, Deputy County Counsel Workforce Investment Act Hearing Officer 385 North Arrowhead Avenue San Bernardino, CA 92415-0140</p> <p>For technical assistance with filing your complaint, contact the Equal Opportunity Officer at (909) 383-9928. TTY users can contact the Equal Opportunity Officer through the California Relay service (711).</p>
<p>I have read and understand the Workforce Development Department’s program complaint and grievance procedure.</p>
<p>Participant’s Printed Name: _____</p> <p>Participant’s Signature: _____ Date: _____</p> <p>If Participant is under 18 years of age:</p> <p>Parent and/or Guardian’s Printed Name: _____</p> <p>Parent and/or Guardian’s Signature: _____ Date: _____</p>

Funding for this program is provided by the San Bernardino Workforce Development Board (WDB). This WIOA Title-1 financially assisted program or activity and the WDB are Equal Opportunity Employers. Auxiliary aids and services are available upon request to individuals with disabilities.

