

San Bernardino County Department of Workforce Development

PROGRAM COMPLAINT AND GRIEVANCE PROCEDURES

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 & 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.

1. Ask to speak with a Department of Workforce Development Supervisor within 90 days of the day the incident occurred.
 - 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
2. Ask to speak with a Department of Workforce Development Manager about your complaint.
 - A manager will contact you within three (3) business days
 - If you are not satisfied with the decision, go to step 3
3. Ask to speak with a Department of Workforce Development Deputy Director about your complaint or grievance.
 - Address a letter to the Deputy Director explaining the incident surrounding your complaint within three business days of step 2
 - The Deputy Director will contact you within seven (7) business days of receiving the written notice of grievance
 - If you are not satisfied with this decision, go to Step 4
4. The Deputy Director will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses and/or your service provider.
 - The meeting will take place within 25 business days of the day you spoke with the Department of Workforce Development Supervisor about your grievance or complaint
 - If you are not satisfied with the decision, go to Step 5
5. Complete the *Program Complaint and Grievance Request for Hearing 181C* form, available at any America’s Job Center of California. 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:

Sophie A. Akins, Deputy County Counsel
WIOA Hearing Officer
385 North Arrowhead Avenue, 4th Floor
San Bernardino, CA 92415-0140

For technical assistance with filing your complaint, contact the Equal Opportunity Officer at (909) 387-9845. TTY users can contact the Equal Opportunity Officer through the California Relay service (711).

I have read and understand the Department of Workforce Development’s program complaint and grievance procedure.

Customer’s Printed Name: _____

Customer’s Signature: _____

Date: _____

This WIOA Title-I financially assisted program, is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.