



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.

<p>1. Ask to speak with a Department of Workforce Development 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 a Department of Workforce Development Manager about your complaint.</p> <ul style="list-style-type: none"> • A manager 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 with a Department of Workforce Development Deputy Director about your complaint or grievance.</p> <ul style="list-style-type: none"> • 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
<p>4. The Deputy Director will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses and/or 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 Department of Workforce Development Supervisor about your grievance or complaint • If you are not satisfied with the decision, go to Step 5
<p>5. Complete the <i>Program Complaint and Grievance Request for Hearing 181C</i> 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:</p> <p style="padding-left: 40px;">Sophie A. Akins, Deputy County Counsel WIOA Hearing Officer 385 North Arrowhead Avenue, 4th Floor San Bernardino, CA 92415-0140</p> <p>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).</p>
<p>I have read and understand the Department of Workforce Development’s program complaint and grievance procedure.</p>
<p>Customer’s Printed Name: _____</p> <p>Customer’s Signature: _____ Date: _____</p>

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.