

## South Central Iowa WIOA Program Complaint Policy

**Approved Date: November 9, 2021**

**Effective Date: November 9, 2021**

### **Purpose**

It is against the law for this recipient of Federal financial assistance to discriminate 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 all core and required programs under the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any (WIOA) Workforce Innovation and Opportunity Act program or activity.

Examples of a Complaints include but are not limited to:

- customer disputes
- employee disputes
- discipline, demotion, or classification disputes
- customer/staff treatment eligibility
- denial of services or benefits, etc.
- policies and procedures
- program, supportive service, or training assistance or selection process

There are two types of complaints:

- Discrimination Complaint (29 CFR 38)
- Program Complaint (20 CFR Subpart F, Sec. 683.600 (a)(b))

Who may file a complaint?

- General Public,
- Any applicant,
- Employee,
- Participant,
- Service provider,
- Program recipient,
- Or other interested party may file a complaint alleging a violation of local WIOA program policies or any other complaint.

### Programs & Partners covered under this policy

An (AJC) American Job Center partner listed in (WIOA) Workforce Innovation and Opportunity Act Section 121(b) that offers programs or activities through the American Job Center system. These partners include:

**Exhibit 1: Programs & Partners Covered In EO Policy**

Core Partners/Service Providers	Required Partners
Title I Adult, Dislocated Worker, Youth/Indian Hills Community College	PROMISE JOBS
Title II Adult Basic Education/Iowa Valley	American Indian Council
Title II Adult Basic Education/Indian Hills Community College	Job Corps*
Title III Wagner-Peyser/IWD IowaWORKS Ottumwa	AARP/National ABLE
Title III Wagner-Peyser/IWD IowaWORKS Marshalltown	Community Services Block Grant SIEDA/MICA
Title IV Rehabilitation Act of 1973/IVRS Ottumwa	Proteus/MSFW
Title IV Rehabilitation Act of 1973/IVRS Marshalltown	Career and Technical Education Carl Perkins
Title IV Rehabilitation Act of 1973/IDB	Trade Adjustment Assistance
	Unemployment Compensation
	Jobs for Veterans State Grant (JVSG)
	Re-Entry Employment Opportunities (REO)
	Ticket to Work
	HUD

\*Special filing requirements apply to the Job Corps program. For more information, contact Civil Rights Center (CRC).

### **Local Procedure to file a Complaint**

Every recipient must notify customers, applicants, employees, and members of the public about their rights under the laws enforced by Civil Rights Center, including where and when to file discrimination complaints under the local process where applicable. All complaints must be filed within 180 days of the alleged discrimination unless Civil Rights Center (not the State or Local Workforce Area) has extended the filing time for good cause. The complainant has the right to be represented in the complaint process by an attorney or other representative.

South Central Iowa Workforce Area has 90 days to resolve the complaint and issue a written Notice of Final Action. Options for resolving the complaint include alternative dispute resolution at

the complainant's choice of location. If the complainant is dissatisfied with the resolution of his/her complaint at the local levels, they may file a new complaint with State or Civil Rights Center within 30 days of the date on which they receive the Notice of Final Action. If the State or South Central Iowa Workforce Area fails to issue the Notice within 90 days of the date on which the complaint was filed, the complainant may file a new complaint with Civil Rights Center within 30 days of the expiration of the 90-day period (in other words, within 120 days of the date on which the original complaint was filed).

### **Step 1: Initial Review**

The complaint must be in writing and include the following:

- Name and Address and any other means of contact
- Identifies the respondent (Individual or entity)
- Describes the allegations in detail
- Signs complaint or their authorized representative

American Job Center Staff who receive the complaint will log the complaint into the logbook at each respective American Job Center and include date and time received. The complaint will then be forwarded to the South Central Iowa Local Workforce Development Board at

#### **South Central Iowa Workforce Development Board**

Equal Opportunity Office,

15330 Truman Street

Ottumwa, IA 52501

[sciaworkforceboard@gmail.com](mailto:sciaworkforceboard@gmail.com)

The South Central Iowa Workforce Area Equal Opportunity Officer will send a letter or email to the complainant recognizing that the complaint was received. The letter will address the chronological order the events or conditions alleged to be a violation of Workforce Innovation and Opportunity Act or subject of complaint. It will also address any relevant correspondence and provide information on resolving the complaint informally.

### **Step 2: Informal Resolution**

The South Central Iowa Workforce Area Local Workforce Development Board requires the programs and partners listed in Exhibit 1 to attempt informal resolution; the service provider forwards the complaint file to the local board. The local board or administrative entity reviews the complaint file and investigates it further if necessary.

If the service provider does not reach an informal resolution, the Equal Opportunity Officer 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 separate written complaint file.

A formal letter will be sent to all parties acknowledging the complaint has been resolved and include the terms of the agreement.

### **Step 3: Formal Resolution**

When an informal resolution is not possible, the local board or administrative entity will issue a determination within thirty (30) calendar days from the date the complaint was filed. Formal Resolution will require a formal investigation of allegations mentioned in the complaint.

Direct evidence is in the form of testimony from a witness who saw, heard, or touched the subject of questioning. Once areas of agreement between the parties have been noted and credibility findings have been made to determine what occurred in the areas of disagreement, the final determination will be documented. A formal determination letter will be sent to notify all parties of the decision.

The determination letter will address the issue(s) framed in the initial letter sent to both parties notifying a complaint was received. The determination letter will include the following:

- Statement of authority to investigate the complaint
- Confirmation of the issue(s) presented for the investigation
- Any areas of agreement of the parties
- Findings of fact
- Analysis of facts
- Conclusions
- Remedies (if any)
- Statement of right to a hearing

Any dissatisfied party may request a hearing within seven (7) calendar days of the date of determination

### **Step 4: Hearings**

If either party requests a hearing within seven (7) calendar days of the date of determination, the local board will designate a hearing officer or committee to ensure the complaint receives fair and impartial treatment.

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

Who can be a hearing officer?

- Local Board Members or Local Board Member Committee
- Hired/Volunteer Mediator
- Outside party that will be impartial

The person(s) participating in the decision-making process in the hearing may not have participated in the informal and formal process of the complaint.

The hearing must be conducted within sixty (60) calendar days from the date the complaint was filed.

The hearing officer or committee 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 (or committee'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 or committee 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 officer or committee will initiate a request to the state for resolution.

The South Central Iowa Workforce Area Local Workforce Development Board will review the recommendation of the hearing officer/committee and issue a Final Decision within ninety (90) calendar days from the date the complaint was filed.

The Final Decision should be formatted in the same structure as the Determination Letter. If any party is dissatisfied with the Final Decision, they may appeal to the state by contacting the State EO Officer.

State Equal Opportunity Officer Contact:

Jaimee Bullock  
Equality and Diversity Officer  
1000 East Grand Ave  
Des Moines, Iowa 50319  
Phone: (515) 725-4159;  
[Contact Equality and Diversity](#)

Civil Rights Center Contact:

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 website at [www.dol.gov/oasam/programs/crc/](http://www.dol.gov/oasam/programs/crc/) (link is external).

More information about filing a complaint with external enforcement can be found at <https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/external/how-to-file-complaint> (link is external).

*Equal Opportunity Programs/Employer – Auxiliary aids and services available upon request for individuals with disabilities.*

# South Central Iowa Workforce Innovation and Opportunity Act Complaint Form

**INSTRUCTIONS:** This complaint form should be filed with the Equal Employment Opportunity Officer or the alternated designee for your Local Workforce Area. All complaints must be filed within 180 days of the alleged discrimination unless Civil Rights Center (not the State or Local Workforce Area) has extended the filing time for good cause.

<b>1. Name:</b>	<b>2. Name of Business:</b>	<b>3. Telephone (Work):</b>
<b>4. Job Title:</b>	<b>5. Local Workforce Area IowaWORKS Office:</b> (Check Applicable box) <input type="checkbox"/> Ottumwa OR <input type="checkbox"/> Marshalltown	<b>6. Telephone (Home):</b>
<b>7. Home Address:</b>	<b>8a. Full name, title, and telephone number of person(s) you believed discriminated against you:</b>	
<b>8. Date(s) of discriminatory action(s):</b>		

**8c. Complainant's Status (Check applicable box):**  
 Employee    Job Applicant.    Vendor/Contractor.    Other (Please specify) \_\_\_\_\_

**9. Basis of Discrimination:**

<input type="checkbox"/> Age <input type="checkbox"/> Affectional/Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Partnership Status	<input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) <input type="checkbox"/> Liability for Military Service <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality	<input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice)
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**10a. Explain why you feel you have been discriminated against:**  CHECK IF ADDITIONAL SHEETS ARE ATTACHED

**10b. Were the actions or behavior you are complaining about directed at, or said to, you \_\_\_\_\_ and/or another party \_\_\_\_\_ (third party harassment)?**

**10c. Was the incident reported to anyone? Yes \_\_\_ No \_\_\_ If yes, who and when? \_\_\_\_\_**

**10d. What remedy or resolution are you seeking? \_\_\_\_\_**

**10e. If appropriate, as determined by the EO Officer, are you willing to attempt to resolve your complaint through mediation or informal resolution process**  
 YES  NO

**10f. Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**11. Completion of this part is voluntary. The information is to be used only for State and Federal record keeping and reporting requirements:**

**SEX:**  Male  Female

**RACE:**  American Indian or Alaska Native    Asian    Black or African American    Native Hawaiian or Other Pacific Islander    White    Other

**ETHNICITY:**  Hispanic or Latino.    Not Hispanic or Latino

DO NOT WRITE BELOW THIS LINE

<b>Equal Opportunity Officer</b> Signature: _____	<b>Date</b> Received: _____
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