



Dutchess County Workforce Investment Board

“Building Partnerships for Workforce Solutions”

3 Neptune Road Poughkeepsie, NY 12601 * Telephone (845) 463-0517 * www.dcwib.org

DISCRIMINATION & GRIEVANCE POLICY – Amended: 10/12/2017

These procedures cover complaints alleging noncriminal violations of the requirements of the Workforce Innovation and Opportunity Act (WIOA) in the operation of local WIOA programs and activities. All sub recipients of the WIOA Title I grant funds must comply with the grievance and complaint provisions of WIOA. A complaint may be either WIOA related or non-WIOA related. A complaint may be brought by any individual, organization, or agency. Actions that may give rise to a complaint are those which allege a violation of the Workforce Innovation and Opportunity Act, Regulations, Grant, or other agreements under this Act with respect to either the Local Workforce Development Area or its contractors.

In accordance with The Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014 all programs and activities that are part of the One-Stop Delivery system and that are operated by One-Stop partners and recipients must adhere to this policy. This includes:

- State level agencies that are financed in whole or in part with WIOA Title I funds
- State Employment Security Agencies
- State and local Workforce Development Boards
- Local Workforce Development Area grant recipients
- One Stop Operators
- Service providers including eligible training providers
- On-the-Job Training employers
- Job Corp contractors and center operators

All sub recipients of the WIOA Title I grant funds and WIOA customers must be made aware of the DCWIB Discrimination & Grievance Complaint Procedure at the time of contract or intake.

DISCRIMINATION

- 1) No individual shall be excluded from participation in, denied the benefits of, subjected to determination under, or denied employment in the administration of or in connection with, any DCWIB financially assisted program or activity, because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief. This procedure is designed for individuals who wish to formalize a complaint that they have not been able to resolve at the local level. Complaints at the local level should be filed with:



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**Equal Opportunity Officer
NYS Dept of Labor
191 Main Street, First Floor
Poughkeepsie, NY 12601
(845) 473-9000**

- 2) Any person, who believes that s/he, or any specific class of individuals, has been or is being subjected to discrimination prohibited by DCWIB, may file a written complaint, either by him/herself or through a representative. A complaint must be filed within 180 days of the alleged discrimination. The Customer Complaint Report (Attachment A) should be used to file the complaint. If no resolution is reached, a hearing will be held within 30 days of the filing of the grievance to provide the complainant with an opportunity to present evidence. The Hearing Notice and Hearing Guidelines Protocol (Attachment B) guide this process.
- 3) You may choose to file with the New York State Department of Labor’s Division of Equal Opportunity Development:
Director
New York State Department of Labor
Division of Equal Opportunity Development
State Campus Building #12, Room 540
Albany, NY 12240
(TDD) 1-800-662-1220, (Voice) 1-800-421-1220
- 4) You may also choose to file your written discrimination complaint using the Civil Rights Center’s (CRC) Complaint Information and Privacy Act Consent Forms, and file directly with the United States Department of Labor (USDOL):
**Director
Civil Rights Center
United States Department of Labor
200 Constitution Avenue
NW, Rm. N-4123
Washington, D.C. 20210**
- 5) All complaints must be in writing and must contain the following information:
 - (A) The Complainant’s name, address and telephone or another means of contacting the complainant;
 - (B) The identity of the respondent (the individual or entity that the complaint alleges is responsible for the discrimination);
 - (C) A description of the complainant’s allegations;



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- (D) The complainant’s signature or the signature of the complainant’s representative.
- 6) The Office of the Equal Employment Officer will investigate all complaints and a written Notice of Final Action will be issued within 90 days of the date on which the complaint has been filed.
- 7) An Equal Employment Opportunity Counselor will be assigned the case and will attempt to resolve the issues within 60 days of receipt of the complaint. During this time, the EEO counselor will meet the complainant and interview any witnesses to the alleged discrimination. The EEO Counselor will consult with the EEO Officer and will suggest Alternate Dispute Resolutions (ADR) such as conciliation and mediation. The choice whether to use ADR rests with the complainant. A party to the agreement reached under ADR may file a complaint with the Director of CRC in the event the agreement is breached.
- 8) The written Notice of Final Action will contain the following information:
- (A) For each issue raised in the complaint, statement of either the decision on the issue and an explanation of the reasons underlying the decision, or a description of the way the parties resolved the issue; and
- (B) Notice that the complainant has a right to file a complaint with the CRC within 30 days of the date on which the Notice of Final is issued if s/he is dissatisfied with the EEO Officer’s final action on the complaint.
- 9) The DCWIB will provide such assistance as may be necessary to enable a complainant to understand and participate in the complaint process. This may include sign language interpreters, wheelchair attendants, Braille copiers, sound amplification or foreign language interpreters.
- 10) The Title I Discrimination Complaint Log (DEOD 835) must be maintained. Whenever a local discrimination complaint is filed and entered into the local log, it must be submitted to NYSDOL by the end of the fiscal quarter, as outlined in TA 02-19.2.

GRIEVANCE FOR OTHER THAN DISCRIMINATION

1. The filing of a complaint (other than one alleging fraud or criminal activity) must be made within one year of the alleged occurrence. Complaints at the local level should be filed with:



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3 Neptune Road Poughkeepsie, NY 12601 * Telephone (845) 463-0517 * www.dcwib.org

Complaint Officer
Dutchess One Stop
191 Main Street, First Floor
Poughkeepsie, NY 12601
(845) 473-9000

2. Participants shall be provided, upon enrollment in a WIOA-funded program, with a written description of the grievance procedures.
3. The grievance procedures shall provide that the identity of any person who furnished information relating to, or assisting in, an investigation of a possible violation of the Act shall be kept confidential to the extent possible, consistent with a fair determination of the issues.
4. The grievance procedure shall provide means for an informal resolution of the complaint.
5. If the complaint cannot be resolved informally, the grievance procedure shall provide for a hearing on the grievance to be conducted in the locale of the complaint within 30 days of filing of the grievance. The hearing shall include:
 - a. Written notice of the date, time, and place of the hearing, the manner in which it will be conducted, and the issues to be decided;
 - b. Opportunity to be represented by an attorney or other representative of the complainant’s choice;
 - c. Opportunity to bring witnesses and documenting evidence. WIOA funds recipients or other sub recipients shall cooperate in making available any persons under their control or employ to testify, if such persons are requested to testify by the complainant, and to release requested documents;
 - d. Opportunity to question any witness or parties;
 - e. The right to an impartial hearing officer;
 - f. A verbatim record of the proceeding; and
 - g. A written decision by the hearing examiner.



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6. A final decision on the complaint shall be provided in writing to the complainant directly by the hearing examiner or by the WIOA-funded recipient or other sub recipient within 60 days of filing of the complaint.
7. All grantees, sub-recipients, contractors and sub-contractors funded under WIOA, in whole or in part, must have a grievance procedure available to their participants. Employers may use their own procedure or use the system established by the DCWIB.
8. The DCWIB policy is to make appropriate provisions for program participants and subcontractors to lodge complaints relative but not limited to such issues as discrimination, disciplinary action, unsatisfactory working conditions, payments, or other job or training-related grievances. Maximum effort shall be extended in the settlement of participant complaints or allegations during the informal state with participants being advised of their rights and the procedure of lodging a grievance, as well as the associated rights and procedures for appealing a decision.

The following represent the “Steps of Accountability” and are displayed in generic form:

- a. Step 1: Informal Resolution by Immediate Supervisor
Step 2: Informal Resolution by Grievance Officer
Step 3: Hearing
Step 4: Appeal
- b. Conditions Applicable to Grievances and Allegations
 - 1) All parties may be represented at any hearing by any single counsel or representative of his/her choice.
 - 2) Written complaints may be accepted in any form as long as all of the necessary information is presented. Attachment A can be used to submit the complaint or as a model of what information is necessary.
 - 3) The DCWIB Executive Director is available to discuss problems during regular business hours prior to or after problems are filed as a complaint. The Executive Director will give the aggrieved party information regarding his/her rights, discuss problems, and, if possible, resolve issues informally; will provide the technical assistance necessary to prepare a formal allegation or complaint.



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- 4) All findings and decisions pursuant to the investigation and resolution of the allegation shall be confidential unless otherwise determined by mutual agreement between the parties-of-interest.

HEARINGS

1. Hearings will be held to the maximum practical extent and fund availability before an impartial adjudicator. The hearing will be recorded. The hearing officer will have a general knowledge of WIOA and will not be directly responsible for implementing the final resolution of the specific complaint or grievance,
2. Complainant will receive written notice of date, time, place, and purpose of hearing at least seven days prior to the scheduled hearing.
3. All parties should be entitled to hear the whole testimony and evidence produced against them, to know claims or charges made against them, and to confront and be confronted by all parties and witnesses on the other side.
4. All parties should have the right to offer evidence and witness on their behalf and to rebut or explain testimony or evidence against them. This should include the right to cross-examine other parties and witnesses and to offer arguments or explanation in support of their positions or contentions.

There shall be in all cases a written decision setting forth findings of fact and giving reasons for the decision. The decision shall include:

1. Name of Complainant
2. Name of Respondent
3. List of Attendees
4. Statement of matter(s)
5. Finding of Facts
6. Opinion and Reason for Decision
7. Steps necessary for appeal
8. Signature of Hearing Officer
9. Date



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Attachment A

Customer Complaint Report

Complainant Information (please print or type)	
First Name:	
Last Name:	
Telephone Number:	
Email Address:	
Preferred Method of Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Telephone
Business Name (if applicable):	
Mailing Address:	
Is the mailing address :	<input type="checkbox"/> Residential <input type="checkbox"/> Business

Respondent’s Information (please print or type)	
First Name:	
Last Name:	
Telephone Number:	
Business Name:	
Mailing Address:	

Complaint Details (please print or type)	
Date the incident occurred:	
Where did the incident take place:	
Who were the parties involved:	
Please detail the incident:	

Signature	Date
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Office Use Only	
Date received:	
Received By:	
Signature:	