

# Program and Discrimination Complaint Guide

For Workforce Innovation and Opportunity Act (WIOA) Title I Programs

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## Background

This issuance sets forth the procedures that shall govern local complaints in accordance with the programs, including federally, state and locally funded workforce programs administered by the Workforce Development Board of South Central Wisconsin (WDBSCW), including Title I programs under the Workforce Innovation and Opportunity Act (WIOA). Depending upon the complaint, different procedures will apply. Generally, complaints can be divided into two categories: (1) *program complaints*, and (2) *discrimination complaints*. Program complaints are processed in accordance with U.S. Department of Labor, Employment and Training regulations. Discrimination complaints are processed in accordance with the Directorate of Civil Rights regulations 29 CFR part §38. Specifically, this guide establishes a process for complaints filed by registrants, program applicants, program participants, subcontractors, service providers, employees, applicants for employment and interested parties.

## Definitions

- A. **Alternative Dispute Resolution (ADR):** refers to any means of settling disputes outside of the courtroom or formal process. ADR typically includes early, neutral evaluation, negotiation, conciliation, mediation and arbitration.
- B. **Applicant for Employment:** an individual who is applying for employment with the WDBSCW, a subcontractor, service provider or One-Stop partner.
- C. **Appellant:** the party that files the appeal to the appropriate local, state or federal entity.
- D. **Complainant:** the party that files the complaint.
- E. **Complaint:** any type of problem, concern or grievance in accordance with this guide.
- F. **Days:** means consecutive calendar days, including weekends and holidays (unless otherwise specified.)
- G. **Filed:** or filing when used with respect to timelines, means the date of receipt by the intended party.
- H. **Interested Parties:** includes sub-grantees, subcontractors, service providers, employees, One-Stop partners, providers of training services, and other relevant parties.
- I. **Participant:** an individual who has been determined to be eligible to participate in, and who is receiving services under a program covered under this guide.
- J. **Program Applicant:** an individual who is applying for participation in a federally, state or locally funded workforce program administered by the WDBSCW or a One-Stop partner agency.
- K. **Registrant:** an individual for whom information has been collected through electronic data transfer, personal interview, or application to support a determination of eligibility for a program.
- L. **Respondent:** the party who argues against the complainant or appellant.
- M. **Service Providers:** sub-recipients or entities that expend awards received from the WDBSCW.

## Procedure

If you believe you have been harmed by a violation of the Workforce Innovation and Opportunity Act or regulations of a WIOA Title I program or an American Job Center (One-Stop) partner program, you have the right to file a program complaint (procedure outlined in Section I) as well as request information and assistance with filing a complaint. If you think that you have been subjected to discrimination under a WIOA-funded program or activity or that of a One-Stop partner program, you may file a discrimination complaint (procedure outlined in Section V) as well as request information and assistance with filing a complaint. Complaints are accepted from registrants, program applicants, program participants, subcontractors, service providers, employees, applicants for employment and interested parties.

The following procedure shall govern the processing of complaints.

### I. Overview

- A. Local Complaint Guide:** The Workforce Development Board of South Central Wisconsin (WDBSCW) is responsible for developing, maintaining, and making available to its participants, subcontractors, service providers, employees, applicants for employment, One-Stop partners and other interested parties a complaint procedure consistent with its complaint guide. The locally-developed procedures must be in compliance with all state and federal rules and regulations. The procedures must also describe how the content of the guide is provided to interested parties affected by the local workforce system, including One-Stop partners, service providers, and participants.

For example:

1. **One-Stop Partners** - Included in a Memorandum of Understanding or other signed agreement with the current WDBSCW complaint guide attached.
2. **Service Providers** - Included in the contract language with the current WDBSCW complaint guide attached to the contract.
3. **Other Interested Parties** - The current WDBSCW complaint guide is posted in all One-Stop and Service Center locations in areas that are accessible to the public. Hard or electronic copies are available to the public upon request.
4. **Participants** - Signed acknowledgement forms that indicate either the participant has received a copy of the local program and discrimination complaint guide or has received information about the content of the local guide and how to access the entire guide.

All locally developed complaint policies, procedures, signed acknowledgements, and related documentation shall be maintained and available for review.

- B. Accessibility:** The guide and applicable forms will be made available in hard copy, electronically, in alternate format (e.g., braille and large print) and can be translated into another language upon request where appropriate, and/or posted on the WDBSCW's public website and is accessible to persons with disabilities or other barriers, as required by law.
- C. Language Barriers:** Pursuant to 29 CFR 38.9, where a significant number or proportion of limited English proficient (LEP) individuals, including English Language Learner (ELL) individuals exist, the WDBSCW is responsible for making a reasonable effort to assure that the information in this guide will be provided to and understood by limited English-speaking individuals who seek information regarding the complaint procedure.

- D. **Posting:** Complaint procedures are posted and accessible in a number of conspicuous physical areas where administration and program services are provided.
- E. **Monitoring/Tracking:** A monitoring/tracking system must be maintained to document the complaints received and their disposition. The WDBSCW is responsible for maintaining complaint records for review for a period of not less than three years from the date of the Notice of Final Action. The retention period begins on the date of the WDBSCW's acceptance of the final closeout report for the grant or contract. Complaint records shall be retained beyond three years from the date of final action if any litigation is involved or audit is begun, or if a claim is instituted involving the grant or agreement covered by the records. In these instances, the records shall be retained until the litigation, audit, or claim has been resolved.
- F. **Informal Resolution:** Complaints should first be initiated at the local level. Complainants may submit a complaint informally to their Career Planner; the American Job Center Complaint Coordinator (AJCCC); or, with the WDBSCW Equal Opportunity Officer (EEO). Contact information for each is available in Appendix A. The preferred outcome from the complaint process is to reach a mutually satisfactory resolution to the complaint through negotiation, problem-solving, and other available resolution resources at the local level. If the complaint cannot be resolved through informal efforts, a formal complaint may be filed with the WDBSCW EEO using the procedure outlined below to advance the resolution process.
  - a. The WDBSCW will provide an opportunity to resolve complaints informally before advancing to more formal procedures. Generally, the WDBSCW EEO will offer alternative dispute resolution (ADR) options, such as mediation and must do so for complaints of discrimination.

## II. Procedure for the Complainant to File a Formal Complaint

The process the complainant must follow to file a formal complaint, including:

- A. **Filing:** A program-related complaint must be filed within 1 year of the date of the alleged violation. A discrimination complaint must be filed within 180 days from the date the alleged discriminatory act occurred.
- B. **Representation during the complaint process:** Complainants have the right to be represented by an attorney or other individual (representative) of their choice.
- C. **Criteria:** All complaints shall be in writing in hard copy and/or in electronic form and contain, to the extent practicable, all the following information:
  1. The full name, address, and telephone number of the complainant.
  2. The full name, address, and telephone number of the respondent(s).
  3. A clear and concise statement of the facts as alleged, including the pertinent dates, constituting the alleged violation.
  4. The provision of the act, regulations, grant, contract, or other agreements under the act believed to have been violated.
  5. The relief or resolution requested.
  6. The signature of the complainant or the complainant's attorney or representative.

Complainants may use the Complaint Form (see Appendix B) to file a complaint. The form is available at the WDBSCW website. Hard or electronic copies are available in an alternate format or language upon request.

### III. Procedure of the WDBSCW for Handling a Formal Complaint

The WDBSCW's procedure for handling a formal complaint, including:

- A. Establishment of Filing Date:** The filing date is established when a complainant submits the formal complaint to the WDBSCW EOO. Once a filing date has been established, the WDBSCW EOO will confirm receipt of the formal complaint within 5 working days unless there is a specific reason (i.e., jurisdiction) for a delay and will determine whether or not to accept the formal complaint.

If the complaint is directed toward another workforce program or jurisdiction, the WDBSCW EOO can assist in contacting the appropriate person or agency to register the complaint and facilitate the transfer of information accordingly.

- B. Review and Resolution:** An opportunity for a resolution of the complaint. Review and resolution of complaints will largely depend on the program area and timelines set forth for complaint review, investigation and resolution. If the complaint is settled through an informal alternative dispute resolution (ADR) process, a written decision shall be issued to the complainant(s) within 20 days of the filing of the complaint.

The WDBSCW will inform the complainant in writing of the reason(s) the complaint was rejected. The notification must be issued within 20 days from the date the complaint was filed and will include the opportunity to appeal to the WDBSCW. [Note: If a conflict of interest exists for the WDBSCW EOO, the WDBSCW Chief Executive Officer (CEO) will facilitate the complaint process.]

The WDBSCW may reject a complaint for any of the following reasons:

1. It lacks merit.
  2. The complainant fails to state a grievable issue.
  3. There is no relief that can be granted.
  4. The complainant fails to comply with the procedures.
- C. Appeal to the WDBSCW:** The process to appeal a local decision to WDBSCW, including: If a response to the complaint is not received within the time prescribed (i.e., 20 days from the filing of the complaint), or should either party be dissatisfied with a decision, there is opportunity for an appeal to the WDBSCW.

The appeal shall be in writing in hard copy and/or in electronic form and shall be filed no later than 5 days from receipt of the adverse local decision, or 5 days from the date a decision was due (i.e., 20 days from the filing of the complaint) but not issued. Appeals shall contain, to the extent practicable, all the following information:

1. The full name, address, and telephone number of the appellant(s).
2. The full name, address, and telephone number of the respondent(s).
3. A clear and concise statement of the facts as alleged, including the pertinent dates constituting the alleged violation.
4. The provision of the act, regulations, grant, contract, or other agreements under the act believed to have been violated.
5. The relief or resolution requested.

All appeals of a local level complaint decision shall be submitted by certified mail, return receipt requested to the WDBSCW EOO. See Appendix A for contact information.

- D. Hearing:** An opportunity for a hearing must be provided for WIOA-related and other WDBSCW-administered program complaints that are not informally resolved or withdrawn. Should a hearing be held, it shall be conducted with WDBSCW Board representation within 60 days from the date the complaint was filed, and a decision shall be rendered no later than 60 days from the date the complaint was filed.
1. **Hearing Notice:** If a hearing is to be conducted, written notice to the involved parties will be provided. The notice shall include the date, time, place of the hearing and outline the process to present evidence including witnesses. The notice of the hearing shall indicate the issues to be decided.
  2. **Hearing Process:** At a minimum, the hearing process shall include:
    - a) An impartial hearing officer;
    - b) An opportunity for each party to present witnesses and evidence;
    - c) An opportunity for each party to ask questions of all witnesses providing testimony at the hearing;
    - d) A record of the hearing; and,
    - e) A list of all evidentiary exhibits presented at the hearing.

At the discretion of the hearing officer, there may be an opportunity to exchange evidentiary information prior to the hearing.

3. **Hearing Decision:**
  - a) Date, time, and place of hearing.
  - b) Name and address of the complainant.
  - c) Name and address of the respondent.
  - d) Names and addresses of all witnesses called by the parties.
  - e) Information sufficient to identify all evidence presented.
  - f) A reiteration of the issues raised.
  - g) A determination of the facts.
  - h) An analysis of the issues as they relate to the facts.
  - i) A decision addressing each issue.
  - j) A statement regarding the opportunity to appeal the decision to the State.

## IV. Appeal to the State DWD-DET

The process to appeal a local level hearing decision. If a response to the complaint is not received within the time prescribed (i.e., 60 days from the filing of the complaint), or should either party be dissatisfied with a decision, there is opportunity for an appeal to the State Department of Workforce Development Division of Employment and Training (DWD-DET). Reference Appendix A for contact information.

1. The appeal shall be in writing in hard copy and/or in electronic form and shall be filed no later than 10 days after the complainant received the decision; or,
2. If the complainant received an adverse decision or no decision on the complaint/grievance within 60 days, the complainant may file an appeal requesting a state level independent review. This appeal must be filed with the DET within the following time limitations:
  - a) The complainant must file the appeal within 10 calendar days after the complainant received the decision, or

- b) If the complainant did not receive a decision, the complainant must file the appeal within 15 calendar days after the decision was due.
3. Complainants may appeal the local level hearing decision to the State DWD-DET Administrator who will review the case in accordance with State procedures.
4. Complainants appealing to the state level where no decision is provided within 60 days after the complaint is filed, or if the State DWD-DET Administrator has issued an adverse decision, may appeal their case to the Secretary of Labor. The Secretary of Labor will make the final determination after such an appeal. See Appendix A for contact information.

## V. Special Provisions

### Equal Opportunity and Discrimination

The process for filing formal complaints alleging discrimination and violation of the Equal Opportunity (EO) provision of state/federal grant programs.

#### *Equal Opportunity Is the Law*

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: 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 Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities and persons with limited English proficiency (LEP) are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids, services, language and translation assistance to qualified individuals with disabilities and those considered to be LEP.

#### **What to Do If You Believe You Have Experienced Discrimination**

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The local (WDBSCW) Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
- The DWD-DET Equal Opportunity Officer, 201 E. Washington Avenue, Room E100, PO Box 7972, Madison WI 53707-7972; or
- The 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 Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the WDBSCW, you must wait either until the WDBSCW EOO issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing an appeal with the DWD-DET EOO or before filing with the Civil Rights Center.

If the DWD-DET Administrator does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint with DWD-DET you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the WDBSCW EOO).

If the WDBSCW or DWD-DET EOO does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

### *Process for the Complainant*

- A. Filing:** All complaints related to EO and discrimination are required to be filed within 180 days of the date of the event that gave rise to the complaint. Complaints may be filed locally with the WDBSCW EOO. In most cases, the WDBSCW EOO will offer ADR options to resolve the dispute. You may also file a complaint directly with the state-level EOO (DWD-DET EOO); or, at the federal level with the Department of Labor (DOL) Civil Rights Center (CRC) Director. See Appendix A for contact information. [Note: If a discrimination complaint is filed at the local level or at the state level, the complainant must wait either until the local-level EOO or state-level EOO issues a written Notice of Final Action or until 90 days have passed (whichever is sooner), before filing with the CRC.]
- B. Representation during the complaint process:** Complainants have the right to be represented by an attorney or other individual (representative) of their choice.
- C. Criteria:** All complaints shall be in writing in hard copy and/or in electronic form and contain, to the extent practicable, all the following information: The full name, address, and telephone number of the complainant.
  1. The full name, address, and telephone number of the respondent(s).
  2. A clear and concise statement of the facts as alleged, including the pertinent dates, constituting the alleged violation.
  3. The provision of the act, regulations, grant, contract, or other agreements under the act believed to have been violated.
  4. The relief or resolution requested.
  5. The signature of the complainant or the complainant's attorney or representative.
- D. Process of the WDBSCW:**
  1. **Review and Resolution:** An opportunity for a resolution of the complaint by the local-level (WDBSCW) EOO. If the complaint is settled through an informal ADR process, a written decision shall be issued to the complainant(s) within 90 days of the filing of the complaint.
  2. **Appeal to DWD-DET:** If the local-level EOO does not issue a written decision within 90 days of the day on which the complaint was filed, or if the decision is dissatisfactory, the complainant may appeal to the state-level EOO. The appeal must be filed within 30 days of the date on which the written decision was due. The DET administration will review the case and issue a decision within 30 days of the appeal filing date. The DWD-DET administration will offer the complainant(s) the opportunity to resolve the complaint through the ADR process



as part of the appeal stage. Note: The complainant may elect ADR at any time after they have filed a written complaint with the WDBSCW EOO, but cannot do so once a Notice of Final Action has been issued.

3. **Appeal to CRC:** The complainant may file an appeal if the local-level EOO and/or state-level EOO does not issue a written decision or Notice of Final Action on the complaint within 30 days of the appeal filing date. As well, if the decision is dissatisfactory, an appeal may be filed with the Civil Rights Center (CRC) within 30 days of the date on which the Notice of Final Action is received.

## Employment Discrimination

The U.S. Equal Employment Opportunity Commission (EEOC) enforces laws prohibiting employment discrimination. These laws protect individuals against employment discrimination when it involves: unfair treatment because of age, disability, equal pay/compensation, genetic information, harassment, national origin, pregnancy, race/color, religion, retaliation, sex or sexual harassment. Complaints involving employment discrimination and employer issues are best directed to the State of Wisconsin Department of Workforce Development Equal Rights Division (DWD-ERD) or to the federal Equal Employment Opportunity Commission (EEOC). See Appendix A for contact information.

Other employment-related complaints concerning wages, hours worked, termination, etc. should also be directed to the State of Wisconsin DWD-ERD for review and resolution. See Appendix A for contact information.

## Criminal Conduct

Known or suspected fraud, abuse, or criminal conduct under WIOA or other WDBSCW-administered programs shall be reported in accordance with the incident report guidelines set by the State of Wisconsin DWD-DET or the Office of the Inspector General (OIG). Information and complaints involving criminal fraud, waste, abuse or other criminal activity must be reported immediately to the State of Wisconsin DWD-DET EOO or to the OIG. See Appendix A for contact information. The identity of individuals who provide information will not be disclosed unless they consent or the OIG determines that disclosure is unavoidable during the course of an investigation. The USDOL prohibits reprisal against any employee who disclosed information about wrongdoing or makes a valid complaint. Wisconsin's "Whistle Blower Law" provides similar protections for most State employees (230.80-230.89, Stats. & 895.65, Stats.)

## Complaint Authorities

There are several levels at which complaints may be heard. It is important to submit the complaint to the appropriate individual or agency in order to insure a prompt response. In most cases, a higher-level authority will not hear a complaint until it has been handled by a lower level process. The following are individuals and agencies that deal with complaints.

- A. American Job Center Complaint Coordinator (AJCCC):** the person that participants or affected parties may give a complaint to informally. The AJCCC will refer the complaint to the appropriate organization or the WDBSCW EOO for review and resolution.

Name: Julie Enloe, One-Stop Operator and American Job Center Complaint Coordinator

Phone: (608) 242-7482 / TTY: 711

Email: jenloe@worksmartnetwork.org

Address: 1819 Aberg Ave, Madison, WI 53704

- B. WDBSCW Equal Opportunity Officer (EEO):** the person that most complaints should be addressed to when related to WIOA Title I or other WDBSCW-administered programs and complaints of discrimination. The WDBSCW EOO will assist anyone in developing a complaint and in directing that complaint to the appropriate authority.

Name: Jackie Hall, Equal Opportunity Officer

Phone: (608) 249-9001 / Deaf and hard of hearing complainants may call using Wisconsin Relay 7-1-1

Email: jhall@wdbscw.org

Address: Workforce Development Board of South Central Wisconsin, 3513 Anderson Street, Ste. 104, Madison, WI 53704

- C. WDBSCW Board Chair:** the complainant may contact the Chair of the WDBSCW if there is a serious concern about WDBSCW staff, including the WDBSCW EOO. The current membership listing is available at [www.wdbscw.org](http://www.wdbscw.org).

- D. State of Wisconsin DWD-DET Equal Opportunity Officer (EEO)**

Name: Elizabeth Barroilhet, Equal Opportunity Officer

Phone: (608) 266-6889 / Deaf and hard of hearing complainants may call using Wisconsin Relay 7-1-1

Email: elizabeth.barroilhet@dwd.wisconsin.gov

Address: Wisconsin Department of Workforce Development, 201 East Washington Ave, Room E100, PO Box 7972, Madison, WI 53707-7972

- E. State of Wisconsin DWD-DET Administrator**

Address: Wisconsin Department of Workforce Development, Division of Employment and Training, 201 East Washington Ave, Room E100, PO Box 7972, Madison, WI 53703

- F. State of Wisconsin Department of Workforce Development Equal Rights Division (DWD-ERD)**

Phone: (608) 266-6860 / TTY (608) 264-8752

Address: Wisconsin Department of Workforce Development, Division of Equal Rights, 201 East Washington Ave, Room A100, PO Box 8928, Madison, WI 53703-8928

Website: [www.dwd.wisconsin.gov/er](http://www.dwd.wisconsin.gov/er)

- G. United States Department of Labor (USDOL) Employment and Training Administration (ETA):** the ultimate authority for many federal employment and training programs, including the Workforce Innovation and Opportunity Act

(WIOA) programs, is the USDOL ETA. It is possible for a complainant to contact the USDOL as a matter of last resort.

Information is available at [www.doleta.gov](http://www.doleta.gov).

**H. U.S. Equal Employment Opportunity Commission (EEOC)**

Phone: 1 (800) 669-4000 / TTY: 1 (800) 669-6820 / ASL Video: 844-234-5122 / Fax: (414) 297-4133

Email: [info@eeoc.gov](mailto:info@eeoc.gov)

Address: Reuss Federal Plaza, 310 West Wisconsin Avenue, Ste. 500, Milwaukee, WI 53203-2292

**I. U.S. Department of Labor Civil Rights Center (CRC) Director**

Name: Director, Civil Rights Center

Email: [CRCEXternalComplaints@dol.gov](mailto:CRCEXternalComplaints@dol.gov)

ATTN: Office of External Enforcement

Address: U.S. Department of Labor, 200 Constitution Ave, NW, Room N-4123, Washington, DC, 20210

**J. Office of the Inspector General (OIG)**

Name: Office of the Inspector General (OIG)

Website: (Reporting Fraud, Waste and Abuse) <https://www.oig.dol.gov/hotline.htm>

Phone: (Reporting Fraud, Waste and Abuse) 1 (800) 347-3756

Address: 200 Constitution Avenue, NW, Room S-5506, Washington, DC 20210

**K. U.S. Secretary of Labor**

Name: Secretary, U.S. Department of Labor

Attention: ASET

Address: 200 Constitution Avenue, NW, Room S-2521, Washington, DC 20210

## Complaint Form

### INSTRUCTIONS

1. Read this form carefully.
2. Print clearly. Use black or blue ink.
3. Fill out the form as completely as possible. If you need more room to provide an answer use a blank sheet of paper.
4. If a question has a star (\*) next to it, you must answer that question. You do not have to answer the other questions, but if you do, it will help us to process your complaint. If you do not know the answer to a question, write "not known" in the space for the answer. If the question does not apply to your complaint, write "n/a".
5. If you are filing this complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filling out the form.

### SECTION 1 – CONTACT INFORMATION

Complainant Information			Respondent Information		
*Name – First, MI, Last			*Name of Person Complaint is Against – First, Last		
*Address – Street			*Name – Agency/Business/Organization		
*City	*State	*Zip Code	Address – Street		
*Telephone Number ( ) -			City	State	ZIP
Other Telephone Number ( ) -			Telephone Number ( ) -		
Email Address			Email Address		
Complainant Representative Information					
If you are the complainant's representative, please provide your information in this section, and attach a letter or other document signed by the complainant, authorizing you to serve as representative.					
Name of Representative – First, Last			Name – Organization/Office		
Address – Street			City	State	Zip Code
*Telephone Number ( ) -			Email Address		

**SECTION 2 – COMPLAINT INFORMATION**

If more room is needed, use a separate sheet of paper. If the complaint involves discrimination, complete sections 2a-2c.

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Identify the program or agency involved in the complaint (check all that apply.)

- |                                                                                             |                                                                    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Job Center Partner Agency (i.e., DHS, W-2, FSET, GWAAR)   | <input type="checkbox"/> Veterans Employment and Training Services |
| <input type="checkbox"/> Workforce Innovation and Opportunity Act (WIOA)                    | <input type="checkbox"/> Workforce Development Board               |
| <input type="checkbox"/> Adult Program (Title I)                                            | <input type="checkbox"/> Youth Apprenticeship                      |
| <input type="checkbox"/> Dislocated Worker Program (Title I)                                | <input type="checkbox"/> Trade Adjustment Assistant – TAA          |
| <input type="checkbox"/> In-School Youth Program (Title I)                                  | <input type="checkbox"/> Windows to Work                           |
| <input type="checkbox"/> Out-of-School Youth Program (Title I)                              | <input type="checkbox"/> Other (List program) _____                |
| <input type="checkbox"/> Adult Education and Family Literacy Act (AEFLA) Program (Title II) | <input type="checkbox"/> Do not know                               |
| <input type="checkbox"/> Wagner-Peyser Employment Services (Title III)                      |                                                                    |
| <input type="checkbox"/> Wagner-Peyser Migrant Seasonal Farm Workers (Title III)            |                                                                    |
| <input type="checkbox"/> Vocational Rehabilitation (Title IV)                               |                                                                    |

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**2a. Complaint Statement**

\*What happened? (Provide a clear concise statement of the facts of the case, including actions or statements made. Attach any relevant documentation related to the alleged violation.) Please be specific and brief.

---

\*Who was involved, including witnesses? (Include full name, address, phone, relationship of each person.)

---

\*Where and when did the alleged violation(s) take place? (Include initial dates, times and locations of the initial and the most recent action/violation.)

---

\*What provision of the act, regulation, grant, contract, or other agreement under the act, or in the case of discrimination, protected status, do you believe to have been violated has been violated?

---

If the date of the most recent action was more than 365 days ago, please explain why you did not file a *program* complaint before now. If you are filing a *discrimination* complaint and the date of the most recent action was more than 180 days again, please explain why you did not file the complaint before now.

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Desired relief or resolution (Explain any resolution(s) you are seeking in response to this complaint.)

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**2b. Discrimination Complaint Information**

If the complaint is related to alleged discrimination, check the basis (reason) box(es) you believe were involved in the discrimination. If the complaint is programmatic in nature, skip this section and continue to Section 2c.

<input type="checkbox"/> Age	List date of birth:
<input type="checkbox"/> Citizenship	List citizenship status:
<input type="checkbox"/> Color	List color:
<input type="checkbox"/> Disability	List past, inactive or active disability:
<input type="checkbox"/> Gender Identity	List gender identity:
<input type="checkbox"/> Limited English Proficiency	List preferred language:
<input type="checkbox"/> National Origin	List national origin:
<input type="checkbox"/> Participation in a Federally-Funded Program	List program:
<input type="checkbox"/> Political Affiliation or Belief	List affiliation or belief:
<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Race	List race:
<input type="checkbox"/> Religion	List religion:
<input type="checkbox"/> Retaliation (i.e., you complained about discrimination, or you gave a statement or were involved in someone else's discrimination complaint).	
<input type="checkbox"/> Sex	List sex:
<input type="checkbox"/> Sexual Orientation	List sexual orientation:

For each of the bases (reasons) checked above, please explain what happened, how you (or someone else) was harmed by what happened, and how or why you think what happened was because of the basis or bases checked. If you do not explain why you checked a particular basis, we may reject that part of your complaint.

**2c. Cross-Filing Complaint Information**

If the complaint has been cross-filed with any other jurisdiction about the same events or actions described on this form, please complete the following information.

Name of authority/agency with whom the written complaint was filed	Date of initial filing (mm/dd/yyyy)
Has the authority issued a final decision on the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of final decision (If issued) (mm/dd/yyyy)
If a final decision was issued, was it provided in writing? If yes, provide copies of written decisions, dismissals, or Right-to-Sue Letters, or other written responses to your complaint that you have received. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address – Street	
City	State
	Zip Code
*Telephone Number ( ) -	E-mail Address

\*Please sign and date this form in the space below that applies to you. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes.] By signing this form, you agree to the release of personal information provided in this form to appropriate parties to address and resolve the complaint.

<b>SIGNATURE</b> – Complainant	Date Signed (mm/dd/yyyy)
<b>SIGNATURE</b> – Complainant's Representative	Date Signed (mm/dd/yyyy)

**FOR STAFF USE ONLY**

**Information of Staff Receiving Complaint**

Name – Last, First		Address – Street		
Telephone Number (    ) -	Email Address	City	State	Zip Code
<b>SIGNATURE - Staff</b>		Date Received (mm/dd/yyyy)		