

RIVER EAST COMPLAINT/EO FORM

<p>1. COMPLAINANT INFORMATION</p> <p>Name _____</p> <p>Social Security No. _____</p> <p>Address _____ _____ _____</p> <p>Home Phone No. _____</p> <p>Work Phone No. _____</p>	<p>2. RESPONDENT INFORMATION- Provide name and address of agency/employer involved.</p> <p>Name _____</p> <p>Address _____ _____ _____</p> <p>Work Phone No. _____</p>																					
<p>3. What is the most convenient time and place for us to contact you about this complaint?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. What date(s) did the incident take place?</p> <p>Date of first occurrence _____</p> <p>Date of most recent occurrence _____</p>																					
<p>5. In what area did you experience a problem? (Check one)</p> <p><input type="checkbox"/> Your job or seeking employment?</p> <p><input type="checkbox"/> Your use of facilities (NCWorks Center) or someone (staff) who provided you with services or benefits? (This pertains to all Career Center customers, including job/training seekers and employers.)</p> <p>If so, which of the following are involved? (Check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Sex stereotyping</td> <td><input type="checkbox"/> Political affiliation</td> </tr> <tr> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Transgender status</td> <td><input type="checkbox"/> Political belief</td> </tr> <tr> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Gender identity</td> <td><input type="checkbox"/> Beneficiary of WIOA Programs</td> </tr> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> National origin</td> <td><input type="checkbox"/> Applicant to WIOA Programs</td> </tr> <tr> <td><input type="checkbox"/> Pregnancy</td> <td><input type="checkbox"/> Limited English Proficiency</td> <td><input type="checkbox"/> Participant in WIOA Programs</td> </tr> <tr> <td><input type="checkbox"/> Childbirth</td> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Sex related medical conditions</td> </tr> <tr> <td><input type="checkbox"/> Citizenship Status</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Participation in any financially assisted WIOA program or activity</td> </tr> </table>		<input type="checkbox"/> Race	<input type="checkbox"/> Sex stereotyping	<input type="checkbox"/> Political affiliation	<input type="checkbox"/> Color	<input type="checkbox"/> Transgender status	<input type="checkbox"/> Political belief	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender identity	<input type="checkbox"/> Beneficiary of WIOA Programs	<input type="checkbox"/> Sex	<input type="checkbox"/> National origin	<input type="checkbox"/> Applicant to WIOA Programs	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Participant in WIOA Programs	<input type="checkbox"/> Childbirth	<input type="checkbox"/> Age	<input type="checkbox"/> Sex related medical conditions	<input type="checkbox"/> Citizenship Status	<input type="checkbox"/> Disability	<input type="checkbox"/> Participation in any financially assisted WIOA program or activity
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<p>6. Briefly describe as clearly as possible your area of concern. Identify who was involved. If you believe you were discriminated against, please state how you were treated differently from others. Also attach any written material pertaining to your case.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What remedy do you seek by filing this complaint?</p> <p>_____</p> <p>_____</p> <p>_____</p>																						

ATTACH ADDITIONAL PAGES AS NEEDED

FOR DISCRIMINATION ONLY- COMPLETE ITEMS 7 THROUGH 12

*7. Why do you believe these events occurred?

8. What other information do you think is relevant to this complaint?

9. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

10. Do you have an attorney or other representative for this complaint?

Yes

No

If yes, please provide name, address and phone number

11. For this incident, have you filed a case or complaint with any of the following?

Civil Rights Division, U.S. Department of Justice

U.S. Equal Employment Opportunity Commission

Civil Rights Center, USDOL

Federal or State Court

Other _____

12. For each agency checked in #11 above, please provide the following information:

Agency _____	Date Filed _____	Agency _____	Date Filed _____
Case or Docket No. _____	Case or Docket No. _____	Case or Docket No. _____	Case or Docket No. _____
Date of Trial or Hearing _____	Date of Trial or Hearing _____	Date of Trial or Hearing _____	Date of Trial or Hearing _____
Location of Agency or Court _____	Location of Agency or Court _____	Location of Agency or Court _____	Location of Agency or Court _____
Name of Investigator _____	Name of Investigator _____	Name of Investigator _____	Name of Investigator _____
Status of Case _____	Status of Case _____	Status of Case _____	Status of Case _____
Comments _____	Comments _____	Comments _____	Comments _____

13. I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible, consistent with applicable laws and a fair determination of my complaint.

Signature _____

Date _____

Signature of Parent or Legal Guardian for a minor child: _____

Date _____

MAIL FORM TO:
Mid-East Commission, Attn: EO Officer, 1502 N Market Street, Suite A, Washington, NC 27889

**RIVERS EAST WORKFORCE INVESTMENT CONSORTIUM
COMPLAINT PROCEDURES**

A. EQUAL OPPORTUNITY/NONDISCRIMINATION COMPLAINTS

Any person who believes that he or she or any specific class of individuals has been or is being 1) excluded from participation in, 2) denied the benefits of, 3) subjected to discrimination under, or 4) denied employment in the administration of or in connection with any WIOA Title I-funded activity or program, on the grounds 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, political affiliation or belief, and for beneficiaries only, citizenship or participation in the Workforce Innovation and Opportunity Act (WIOA) may file a written complaint. The person or a representative may file the complaint.

The complaint may be filed either with the Local Area (afterwards referenced as LA) or with the Director of the Civil Rights Center (CRC), U.S. Department of Labor (USDOL). A complaint filed based on the above grounds must be filed within 180 days of the alleged discrimination, unless extended by the Director of CRC for good cause shown. Each complainant and respondent has the right to be represented by an attorney or other individual of his or her choice.

Complaints filed at the LA Level

Complaints at the contractor level must first exhaust available remedies established in contractor procedures before being subject to LA review. Hearings on any program complaint must be conducted by the contractor and a written decision rendered within 10 days of filing. If a complaint does not receive a decision at the contractor level within 10 days of the filing or receives an unsatisfactory decision, the complainant may request a review of the complaint by the LA. Such request must be filed within 5 days of receipt of the contractor decision or within 5 days of the date a decision should have been received, whichever is earlier.

Any person who elects to file his or her complaint with the LA (Mid-East Commission) must allow the LA 40 days (inclusive of time at the contractor level) to process the complaint and allow 50 days for the Division to receive and review the complaint, if applicable.

1. All complaints must be filed in writing, signed by complainant or authorized representative. The Rivers East Compliant Form is to be used that includes the following information:
 - a. The full name, address and telephone/TTY number of the complainant (or specify another means of contact);
 - b. The full name and address of the person or agency against whom the complaint is made;
 - c. A clear, concise statement of the act or acts considered to be a violation;
 - d. In regards to disability, a statement or supporting evidence that the complainant is disabled; and
 - e. Other information that will help explain and resolve the complaint.

Complaints filed with the LA after the contractor level review process should be mailed to:

Equal Opportunity Officer
Mid-East Commission
1502 N Market Street, Suite A, Washington, NC
Washington, North Carolina 27889
1-800-799-9194
252-946-8043 (phone)
252-946-5489 (fax)
Relay numbers for the hearing impaired: 1-800-735-2962 (TTY) & 1-800-735-8200 (Voice)

2. Hearings on any complaint filed with the LA must be conducted and a decision issued within 25 days of filing.
3. Complaint hearing procedures include the following:
 - a. Reasonable notice to all parties by registered or certified mail;
 - b. A statement of the date, time and place of the hearing;
 - c. A statement of the authority and jurisdiction under which the hearing is to be held;
 - d. A reference to the particular section of the Act, regulations, grant or other agreement under the Act involved;
 - e. Notice to the parties of the specific charges involved;
 - f. The right of both parties to be represented by legal counsel or other individuals of his or her choice;
 - g. The right of each party to present evidence, both written and through witnesses;
 - h. The right of each party to cross examine;
 - i. The right of an impartial decision maker who has not been directly involved in the events from which the complaint arose; and
 - j. A written decision made strictly on the recorded evidence must be rendered within the prescribed time frame.
4. Complete records and documentation will be kept in each contested case, including minutes of testimony, data submitted, findings, appeals and final decisions.
5. Decisions will be made not later than 40 days from the filing of the complaint at the first level, i.e. contractor.

Complaints filed at the State Level

6. If a complainant does not receive a decision at the local level within 40 days of the filing of the complaint or receives an unsatisfactory decision, the complainant has the right to request a review of the complaint by the Division. Requests for such review must be submitted to:

Assistant Secretary
Department of Commerce
Division of Workforce Solutions
313 Chapanoke Road, Suite 120
4316 Mail Service Center
Raleigh, North Carolina 27699-4316
ATTENTION: DWS WIOA EEO OFFICER

Such requests must be filed within 10 days of receipt of the adverse decision or 10 days from the date on which the complainant should have received a decision, whichever is earlier. The Division will conduct a review of the complaint and issue a decision within 40 days from the date of receiving the review request. The Assistant Secretary for the Division of Workforce Solutions may extend the 10 days if: 1) The subrecipient does not notify the complainant of his or her right to request a review by the Division, or 2) for other good cause shown. Under no circumstances shall the time limit be extended for more than 30 days. However, if an extension is not granted, the complainant may follow the procedures listed in number 6 below. The complainant has the burden of proving to the Division that the time limit should be extended.

Complaints filed at the Federal Level

7. Should the Division provide a decision unsatisfactory to the complainant or fail to provide one, the complainant may file a complaint with the Director of the Civil Rights Center of the U.S. Department of Labor. Such requests must be submitted within 30 days of the Division's decision or 120 days from the date the complaint was initially filed at the local level, whichever is earlier.
8. Complaints filed with the Director, Directorate of Civil Rights must be mailed to:

Director of the Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue N.W., Room N-4123
Washington, DC 20210

The contractor and the LA will maintain a log of complaints filed. The log will include: 1) the name and address of the complainant, 2) the grounds of the complaint, 3) a description of the complaint, 4) the date the complaint was filed, 5) the disposition and date of disposition of the complaint, 6) other pertinent information. Information that could lead to identification of a particular individual as having filed a complaint shall be kept confidential. Records regarding complaints and actions taken thereunder will be maintained for a period not less than three years from the date of resolution of the complaint and made available to the Director of the Civil Rights Center (CRC) or the State upon request. Information concerning all complaints will be kept confidential.

B. NON-CRIMINAL PROGRAM COMPLAINTS

The following procedures apply to non-criminal complaints about programs and activities from participants, subgrantees, subcontractors and other interested persons. This procedure also applies to complaints arising from actions taken by Mid-East Commission with respect to investigations, audits or monitoring reports. When a grievance stems from an alleged act that also violates a federal statute other than WIOA or other applicable program or a state or local law, the individual or agency may, with respect to the non-WIOA cause of action, institute a civil action or pursue other remedies authorized under other federal, state or local law against the LA or its contractor without first exhausting the remedies under WIOA. Except for complaints alleging fraud or criminal activity, complaints must be made within one year of the alleged occurrence.

All complaints must be filed in writing, signed by complainant or authorized representative. The Rivers East Compliant Form is to be used that includes the following information:

- a. The full name, address, and telephone number of the complainant;
 - b. The full name and address of the person against whom the complaint is made, if applicable;
 - c. A clear and concise statement of the acts considered to be a violation;
 - d. The provisions of the Act, regulations, grant or other agreement under the Act believed to have been violated;
 - e. Other information that will help explain and resolve the complaint.
1. Grievances arising at the contractor level must first exhaust review at the contractor level. A hearing must be held and a decision made at this level within 25 days of the filing of the complaint. If the decision is unsatisfactory to the complainant or a decision is not rendered at the contractor level within 25 days, a request for a review of the complaint may then be filed with the LA. The request must be filed with the LA within 5 days of receipt of a decision from the contractor or within 5 days of when a decision should have been rendered. The LA will review the request and issue a decision within 30 days.

Requests for review at the LA level should be submitted to:

Equal Opportunity Officer
Mid-East Commission
1502 N Market Street, Suite A
Washington, North Carolina 27889
1-800-799-9194
252-946-8043 (phone)
252-946-5489 (fax)

Relay numbers for the hearing impaired: 1-800-735-2962 (TTY) & 1-800-735-8200 (Voice)

2. The following provisions will apply to any hearings at the contractor and LA level.
 - a. Reasonable notice to all parties by registered or certified mail;
 - b. A statement of the date, time and place of hearing;
 - c. A statement of the authority and jurisdiction under which the hearing is to be held;
 - d. A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved;
 - e. Notice to the parties of the specific charges involved;
 - f. The right of both parties to be represented by legal counsel;
 - g. The right of each party to present evidence, both written and through witnesses;
 - h. The right of each party to cross examine;
 - i. The right of an impartial decision maker who has not been directly involved in the events from which the complaint arose;
 - j. Complete records and documentation will be kept in each contested case, including minutes of testimony, data submitted, findings, appeals and final decisions.
3. If a complainant receives an unsatisfactory decision or does not receive a decision within 60 days of the filing of the complaint (the 60 days includes review at the contractor level and LA level), the complainant has the right to request a review of the complaint by the Division of Workforce Solutions. Requests for such review should be submitted to:

Assistant Secretary for Workforce
NC Department of Commerce
Division of Workforce Solutions
313 Chapanoke Road, Suite 120
4316 Mail Service Center
Raleigh, North Carolina 27699-4316
ATTENTION: DWS WIOA EEO OFFICER

Such requests must be filed within 10 days of receipt of the adverse decision or 15 days from the date on which the complainant should have received a decision, whichever is earlier. The Division of Workforce Solutions will conduct a review of the complaint and issue a decision within 30 days from the date of receiving the review request.

With the exception of complaints alleging violations of the labor standards at Section 143 of the Act, the Division of Workforce Solutions' decision is final unless the Secretary exercises the authority for federal-level review in accordance with provisions at 627.601 of the regulations.

4. Should the Division of Workforce Solutions fail to provide a decision as required, the complainant may request from the Secretary a determination as to whether reasonable cause exists to believe the Act or its regulations have been violated. The request for determination must be submitted in writing within 15 days of the date the Division of Workforce Solutions' decision should have been issued.

The complaint must contain the following:

- a. The full name, address and telephone number of the complainant;
- b. The full name and address of the person against whom the complaint is made, if applicable;
- c. A clear and concise statement of the acts considered to be a violation including the date filed with the Division of Workforce Solutions and the date on which the decision should have been issued and an attestation that no decision was issued;
- d. The provisions of the Act, regulations, grant or other agreement under the Act believed to have been violated; and
- e. Other information that will help explain and resolve the complaint such as information concerning remedies and sanctions sought outside the Act.

The Secretary will act within 90 days (120 days for section 143 violations) of receipt of a request and, where appropriate, direct the Division of Workforce Solutions to take further action pursuant to State and local procedures. The Division of Workforce Solutions has 60 days to comply.

5. The LA and its contractors will ensure that employers, including private-for-profit employers of participants under the Act, have a grievance procedure relating to the terms and conditions of employment available to WIOA participants. Employers may operate their own grievance system or may utilize the LA grievance system. Employers will inform participants of the grievance procedures they are to follow when the participant begins employment.

An employer grievance system will provide for, upon request by the complainant, a review of an employer's decision by the LA and the Division of Workforce Solutions, if necessary.

6. Complaints alleging violation of section 143 of the Act will follow the same procedures as other non-criminal program complaints except that they may be submitted to the Secretary by either party to the complaint when the complainant has exhausted the grievance procedures established at the State and local level.

A person alleging a violation of section 143 of the Act, as an alternative to processing the grievance under the procedures herein, may submit the grievance to a binding arbitration procedure, if a collective bargaining agreement covering the parties to the agreement so provides. A person electing to have his/her section 143 labor standards violation processed under binding arbitration provisions: 1) must choose binding arbitration before and in lieu of initiating a complaint under other grievance procedures established herein, and 2) may not elect binding arbitration for a complaint that previously has been or is subject to any other grievance procedures established under the Act. Binding arbitration decisions under the provisions of section 144(e) of the Act are not reviewable by the Secretary.

Alternative Dispute Resolution:

The complainant may choose to use alternative dispute resolution (ADR) procedures in lieu of the customary investigation process. If the parties do not reach an agreement under ADR at the LA or State level, they may file a complaint with the Director of the Civil Rights Center (CRC) in the event the agreement is breached. In such circumstances the following rules will apply: 1) the non-breaching party may file a complaint with the Director within 30 days of the date on which the non-breaching party learns of the alleged breach. 2) the Director must evaluate the circumstances to determine whether the agreement has been breached. If he or she determines that the agreement has been breached, the complainant may file a complaint with the CRC based on his/her original allegation(s), and the Director will waive the time deadline for filing such a complaint. 3) if the parties do not reach agreement under ADR, the complainant may file a complaint with the Director.