

**General Complaint Policy (Not for EO or Discrimination)**

Field Guidance Memorandum 104

Issue Date 6/8/2022

Reference: FGM 105 Grievance Procedure

**References:**

- Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128), Section 188, NonDiscrimination
- WIOA Final Rules published in the Federal Register, Vol. 81, No. 161, dated August 19, 2016

**Purpose:**



To provide a method for general complaints to be filed with Local Workforce Development Area #14. For any complaints related to possible Equal Opportunity violations, please refer to FGM 105 Grievance Procedure for guidance.

For any general complaint that does not pertain to any EO level or Department of Civil Rights related concerns, the following general level Complaint Information Form will be used to field and respond to such inquiries.

If a complaint is related to any issues considered to be a possible violation of Equal Opportunity (EO) or Discrimination laws, a separate process and form for filing a compliance is available. (See Field Guidance Memo 103 Nondiscrimination and Equal Opportunity Policy.)

Any general complain should be submitted to the Local Workforce Development Area's (LWDA) Human Resources Coordinator, Ms. Holly Bryant, Hampton Roads Workforce Council, 999 Waterside Drive, Suite 1314, Norfolk, VA 23510 or 757-314-2370 Ext. 115 or [hmbryant@theworkforcecouncil.org](mailto:hmbryant@theworkforcecouncil.org) for proper handling unless the matter can be immediately resolved at the local Program Operator level.

A log of complaints will be maintained at the LWDA for a period of three continuous Program Years.

SA  / GLB  / cje

Attachments:

Complaint Form

Complaint Log

## Complaint Information Form

1. Name: \_\_\_\_\_  
Last First MI

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Your telephone number (s):

Home \_\_\_\_\_ Work \_\_\_\_\_ Contact Person \_\_\_\_\_

Email: \_\_\_\_\_

3. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

4. Provide name, address and phone number of agency/employer/individual(s) involved with this complaint:

\_\_\_\_\_

\_\_\_\_\_

5. To the best of your knowledge, which program was involved?

- One-Stop Operator (WIOA)                       Adult Program (WIOA)  
 Dislocated Worker Program (WIOA)             Youth Program (WIOA)  
 Other: Specify \_\_\_\_\_

6. To your best recollection on what date(s) did the referenced complaint take place?

Date of first occurrence: \_\_\_\_\_ Date of most recent occurrence: \_\_\_\_\_

7. Have you ever attempted to resolve this complaint at the local level?

No    Yes   If yes, give date and explain what occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



