General Complaint Policy (Not for EO or Discrimination)

Field Guidance Memorandum 104

Reference: FGM 105 Grievance Procedure

Issue Date 6/8/2022

References:
- Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128), Section 188, NonDiscrimination

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 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.

Attachments:
- Complaint Form
- Complaint Log
Complaint/EEO 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: ________________________

   ____________________________________________________

   ____________________________________________________
8. Explain as briefly and clearly as possible the nature of your complaint. Indicate who was involved and include all significant events. Also, attach any written material pertaining to your complaint.

9. What other information do you think is relevant to our investigation of your complaint?

10. How would you like your complaint to be resolved?

*Signature of Complainant:  
Date:
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<tr>
<th>Date Received</th>
<th>Complainant's Name and Address</th>
<th>Complaint Against (include agency)</th>
<th>Brief Description</th>
<th>Complaint Form Attached? (Y/N)</th>
<th>Resolved By and Date</th>
<th>Elevated to Board? (Y/N) Include Date if Yes</th>
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