

General Complaint Policy (Not for EO or Discrimination)

Field Guidance Memorandum 104

Issue Date 6/8/2022
Revision Date: 1/01/2024

Reference: FGM 105 Grievance Procedure

References:

- Title VI and VIII of the Civil Rights Acts of 1964 as amended
- Presidential Executive Order 11246, as amended
- Americans with Disabilities Act of 1990
- Fair Labor Standard Act of 1938, as amended
- Required Provisions of any grant/funding awards
- 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 the Hampton Roads Workforce Council, HRWC. 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.

SA /GLB /KSH 

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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