

Grievance Procedure

Summary Outlining Plan and Implementation Strategy

The administrative entity has developed a policy and procedure in accordance with WIOA 20 CFR§ 683.600(a) for handling grievances at all our facilities including one-stop partners and service provider locations. All management and staff of our one-stop delivery system will be given training on the grievance procedure to ensure all interested parties have the access to information needed to file a grievance.

Customers and participants of workforce services may submit a grievance at the workforce office without fear of discrimination or reprisal. The site manager and/or one-stop operator will make every effort to resolve the grievance.

Explanation of Policy & Compliance Guidelines:

1. Management and staff at each workforce office will be trained by the administrative entity staff to facilitate the process for filing grievances received from customers and participants.
2. Site management and the administrative entity is responsible for overseeing the grievance process; receiving and tracking grievances; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the customer or participant; and coordinating with the administrative entity necessary in light of specific allegations.
3. The administrative entity will distribute a “Notice of Grievance Procedures” to the one-stop operator to be posted in prominent area of each workforce office.
4. A copy of the “Notice of Grievance Procedures”, including the contact information of the person to which complaints are made will be posted on the Boards’ website.
5. The “Notice of Grievance Procedures” is to include the following:
 - a. The contact information of management (Job Title, business and email address, business phone number).
 - b. The expected time frame that the grievance will be resolved.
 - c. The contact information of outside entities that a grievance can be submitted if management did not resolve the inquiry to the filer’s satisfaction.
 - d. The different ways a grievance can be filed (verbal & written and/or anonymously).
 - e. A fillable copy of the grievance form.
6. Management will record the nature and specifics on a grievance form that include the following:
 - a. Date and time of incident and the names of all persons involved in the grievance
 - b. Contact information of all persons involved in the grievance
 - c. A chronological description of events leading up to and following the filing of a grievance.
 - d. Instructions on how to record the grievance form for future monitoring.
7. The management will issue a written decision to the filer at the conclusion of the investigation that will include the following:
 - a. The date the grievance was received, and the steps taken to investigate the grievance.
 - b. A summary of the pertinent findings or conclusions regarding the resident’s concern(s).
 - c. A statement as to whether the grievance was confirmed or not confirmed.
 - d. Any corrective action taken or to be taken by the facility as a result of the grievance.
 - e. The date the written decision was issued.

20 CFR§ 683.600(a) outlines the requirement to establish and maintain a procedure to file grievances and complaints alleging violations of WIOA. 20 CFR§ 683.600(g)(l) further clarifies that the grievance procedure requirement does not apply to discrimination complaints brought under 20 CFR§ 188 and/or 29 CFR part 38.

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Relay New Mexico: 711 (Voice) or 1-800-659-8331 (TTY) FUNDED BY THE U.S. DEPARTMENT OF LABOR

11.19

FORMAL GRIEVANCE

THIS FORM MUST BE COMPLETELY FILLED OUT

Name of Customer / Participant (Please Print): Name: Date of Hire:		Work Phone: Home Phone: <input type="checkbox"/> Sent documents to external representative		
Home Mailing Address: Street or P.O. Box: City: State: Zip:		Other Mailing Address: Street or P.O. Box: City: State: Zip:		
Date, time and place of event leading to grievance:		Date you became aware of the event, <i>(if different)</i> :		
Detailed chronological description of grievance including names of other persons involved, if any:				
Proposed solution to grievance:				
THIS SECTION TO BE COMPLETED BY THE WORKFORCE CENTER				
File a copy of this form with your immediate supervisor and retain a copy for review by the administrative entity.				
Step	Grievance Filed With <i>(Please Print Name)</i>	Date	Customer / Participant Signature	Date
1				
2				
3				
4				

FORMAL GRIEVANCE
THIS FORM MUST BE COMPLETELY FILLED OUT

The following is to be completed by the person responding to the grievance and attached as the top copy to the formal grievance at each step in the grievance procedure.

Received by: _____

Date: _____

Action taken: _____

Submitted to Customer / Participant: yes no and date

Signature of NMWC staff

Title

The following is to be completed by the customer / participant (Check as appropriate):

- ☐ Agree with action at this step - grievance resolved.
- ☐ Disagree with action at this step.

Signature of Customer / Participant

NOTE TO - Customer / Participant If you disagree with the action taken, you have **10 working days** to submit your grievance to the next step. Place a copy of your formal grievance on top of this response and include all prior forms and responses when filing at the next step.

20 CFR§ 683.600(a) outlines the requirement to establish and maintain a procedure to file grievances and complaints alleging violations of WIOA. 20 CFR§ 683.600(g)(1) further clarifies that the grievance procedure requirement does not apply to discrimination complaints brought under 20 CFR§ 188 and/or 29 CFR part 38.

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Relay New Mexico: 711 (Voice) or 1-800-659-8331 (TTY) FUNDED BY THE U.S. DEPARTMENT OF LABOR

11.19