

## **GRWDB One-Stop Career Center Complaint Procedure Policy**

**Purpose:** A One-Stop Career Center Complaint Procedure Policy, required under Workforce Innovation and Opportunity Act (WIOA) programs, as per NJWIN 12-16(A), was approved by the Greater Raritan Workforce Development Board (GRWDB) at its Oct. 6, 2022, board meeting.

**Background:** WIOA requires each local area, state, outlying area and direct recipient of funds under I of WIOA to establish and maintain a procedure for participants and interested parties to file grievances and complaints alleging violations of WIOA requirements.

As detailed in NJWIN 12-16(A), this is to be a unified procedure that all One-Stop Career Center (OSCC) management and staff follow to publicize, document, and process complaints alleging:

- Discrimination by OSCC staff
- WIOA violations
- Actions or omissions by the Employment Service (ES) staff
- Complaints from customers placed into On-the-Job Training programs

In addition, complaints from customers referred to employers who are allegedly in violation of labor standards. Complaints lodged by Migrant and Seasonal Farmworkers are to be treated as ES-related complaints regardless of how the worker found the job.

**Policy:** Greater Raritan One-Stop Career Center partners, including but not limited to, staff of the Greater Raritan Workforce Development Board, the One-Stop Operator, the provider and staff of career training services, ES staff and vendors of funded services will follow a unified procedure for the handling of complaints and grievances.

The One-Stop Career Center Complaint Poster and Equal Opportunity is the Law Poster will be prominently displayed for customers in Greater Raritan OSCC offices, and each new customer will acknowledge receipt of handouts on the complaint procedure process.

In Greater Raritan, the ES manager will serve as the area's Complaint Specialist and EO Officer.

All formal complaints must be writing and be signed by the complainant, using ETA Form 8429, as detailed in Training and Employment Notice 1-17. (Attachment) Complaints will be recorded in the OSCC Customer Complaint Log by the Complaint Specialist.

A complainant may file a complaint or grievance at the local, State or Federal Level. The complaint must be filed within one year of the time the alleged violation occurred. A complainant must be provided with an opportunity for informal resolution prior to the submittal of a written complaint and a hearing to be completed within 60 days of filing the complaint.

An appeal to the New Jersey Department of Labor and Workforce Development may be filed if no decision is reached within 60 days. An appeal also may be filed by either party if dissatisfied with the local hearing decision.

Additional procedures outlined in NJWIN 12-16(A) will be followed in the GRWDB Local Area.



For Official Use Only

**Complaint/Apparent Violation Form<sup>1</sup>**

Complaint No.		Date Received	
<b>Part I. Complainant's Information<sup>2</sup></b>		<b>Respondent's Information<sup>3</sup></b>	
1. Name of Complainant (Last, First, Middle Initial)		4. Name of Person, Company, or Agency the Complaint is Made Against	
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer (if different from Part I #4 above) /One-Stop Office	
b. Temporary Address (if Appropriate)		6. Address of Employer/One-Stop Office	
3a. Permanent Telephone ( ) -	b. Temporary Telephone ( ) -	7. Telephone Number of Employer/One-Stop Office ( ) -	
8. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)			

**Certification** I CERTIFY that the information furnished 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 law and a fair determination of my complaint.

9. Signature of Complainant <sup>4</sup>	10. Date Signed / /
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<sup>1</sup> For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

<sup>2</sup> If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.

<sup>3</sup> For definition of "Respondent" see 20 CFR 651.

<sup>4</sup> No signature is required at Part 9 if this form is submitted as an Apparent Violation.

**Part II. For Official Use Only**

<p><b>1. Migrant or Seasonal Farmworker?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p><b>2. Complaint or Apparent Violation?</b>          Complaint <input type="checkbox"/> Apparent Violation <input type="checkbox"/></p> <p><b>3. Type of Complaint or Apparent Violation</b>          ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> Employment Service Related              <input type="checkbox"/> Job Order No. _____              <input type="checkbox"/> Against Local Employment Service Office              <input type="checkbox"/> Against Employer              <input type="checkbox"/> Alleged Violation of Employment Service Regulations</p> <p><input type="checkbox"/> Employment-Related Law</p>	<p><b>4. Issue(s) involved in Complaint or Apparent Violation</b> ("X" Appropriate Box(es)):</p> <table border="0"> <tr> <td><input type="checkbox"/> Wage Related</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Child Labor</td> <td><input type="checkbox"/> Pesticides</td> </tr> <tr> <td><input type="checkbox"/> Working Conditions</td> <td><input type="checkbox"/> Health/Safety</td> </tr> <tr> <td><input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA)</td> <td><input type="checkbox"/> Disability Discrimination</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Discrimination Other<sup>5</sup> (Specify) _____</td> </tr> </table>	<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing	<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA)	<input type="checkbox"/> Disability Discrimination	<input type="checkbox"/> Discrimination Other <sup>5</sup> (Specify) _____		<p><b>5. H-2A/Criteria Employer</b>          ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> U.S./Domestic Worker  <input type="checkbox"/> H-2A Worker  <input type="checkbox"/> Wages  <input type="checkbox"/> Transportation  <input type="checkbox"/> Meals  <input type="checkbox"/> Housing  <input type="checkbox"/> Other _____</p>
<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing											
<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides											
<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Health/Safety											
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<input type="checkbox"/> Discrimination Other <sup>5</sup> (Specify) _____												

<p><b>6a. Referrals To Other Agencies</b> ("X" Appropriate Box(es))</p> <p><input type="checkbox"/> WHD. U.S. DOL.    <input type="checkbox"/> OSHA U.S. D.O.L.  <input type="checkbox"/> EEOC                 <input type="checkbox"/> Other _____</p>	<p><b>7. Address of Referral Agency</b> (No., St., City, State, ZIP Code and Telephone No.)          _____          _____          ( ) ____- ____</p>
<p><b>b. Follow-Up</b>                 <input type="checkbox"/> Monthly   <b>c. Next Follow-up Date</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No                 <input type="checkbox"/> Quarterly                 / /</p>	

**8. Explanation of Complaint/Apparent Violation** (If additional space is needed, use separate sheet of paper)

**9. Actions Taken on Complaint/Apparent Violation** (If additional space is needed for multiple actions taken, use a separate paper):

Action Taken By: \_\_\_\_\_ On: \_\_\_\_\_  
 (First and Last Name)   (Date)

Action Taken: \_\_\_\_\_

**10. Complaint /Apparent Violation resolved?**  Yes     No If "No", explain.

**11. Provided other One-Stop Services?**  Yes     No If "No", explain.

12a. Name and Title of Person Receiving Complaint	12b. Office Address (No., St., City, State, ZIP Code)	
12c. Phone No. ( ) -	12d. Signature	12e. Date / /

**Public Burden Statement**  
 Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

<sup>5</sup> For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the State Workforce Agency, or with the Directorate of Civil Rights (DCR), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210