

## Babel Notice

**IMPORTANT!** This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (478) 953-4771** for assistance in the translation and understanding of the information in this document.

### Spanish

**¡IMPORTANTE!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (478) 953-4771** para pedir asistencia en traducir y entender la información en este documento.

### Chinese - Traditional

**重要須知!** 本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電**(478) 953-4771** 洽詢翻譯及理解本文件資訊方面的協助。

### Vietnamese

**LƯU Ý QUAN TRỌNG!** Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (478) 953-4771** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

### Tagalog

**MAHALAGA!** Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (478) 953-4771** upang humingi ng tulong sa pagsasalang-wika at pag-unawa sa impormasyong nasa dokumentong ito.

### French

**IMPORTANT!** Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au (478) 953-4771** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

### Haitian Creole

**ENPÒTAN!** Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (478) 953-4771** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

### Portuguese

**IMPORTANTE!** Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (478) 953-4771** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

### Arabic

**مهم!** يحتوي هذا المستند على **معلومات مهمة** حول حقوقك ومسؤولياتك و/أو فوائده. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. **اتصل على الرقم (478) 953-4771** للحصول على مساعدة في ترجمة المعلومات الواردة في هذا المستند وفهماها.

### Russian

**ВАЖНО!** В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (xxx) xxx-xxxx** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

### Korean

**중요!** 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(478) 953-4771로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.



**Equal Opportunity Complaint & General Grievance Policy and Procedure**  
**WorkSource Middle Georgia/Middle Georgia Workforce Development Board (MGWDB)**  
**Middle Georgia Consortium, Inc. (MGCI)**  
*(Recipient of Federal Financial Assistance under Workforce Innovation and Opportunity Act (WIOA))*  
**For Applicants, Participants, Other Interested or Affected Parties**

<b>SECTION I:</b>	<b>Equal Opportunity Complaint Policy</b>
<b>SECTION II:</b>	<b>General Grievance Policy</b>
<b>SECTION III:</b>	<b>Complaints of Fraud, Abuse, or Other Alleged Criminal Activity</b>
<b>SECTION IV:</b>	<b>Complaints against Public Schools</b>
<b>SECTION V:</b>	<b>Notification of Revisions/Updates to Policy and Procedure</b>

**I. EQUAL OPPORTUNITY COMPLAINT POLICY**

WorkSource Middle Georgia/MGWDB adheres to the following United States law: "Equal Opportunity Is the Law". It is against the law for WorkSource Middle Georgia/MGWDB, a recipient of Federal financial assistance, to discriminate on the following basis: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

WorkSource Middle Georgia/MGWDB must not discriminate in any of the following areas:

- (1) Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- (2) Providing opportunities in, or treating any person with regard to, such a program or activity; or
- (3) Making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, WorkSource Middle Georgia/MGWDB is required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

*What To Do If You Believe You Have Experienced Discrimination*

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

WorkSource Middle Georgia/MGWDB, Terrell Mitchell, EO Officer, 124 Osigian Blvd., Suite A, Warner Robins, GA 31088, (478) 953-4771 or 1-800-537-1933, TDD/TTY (800) 255-0056, [tmitchell@mgwib.com](mailto:tmitchell@mgwib.com)

Or

Technical College System of Georgia, Office of Workforce Development (TCSG-OWD), David Dietrichs, Compliance and Legal Affairs Director, 1800 Century Place N.E., Suite 150, Atlanta, GA 30345-4304, (404) 679-1371, [wioacompliance@tcsge.edu](mailto:wioacompliance@tcsge.edu).

Or

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with WorkSource Middle Georgia/MGWDB, you must wait either until WorkSource Middle Georgia/MGWDB issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

If WorkSource Middle Georgia/MGWDB does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with WorkSource Middle Georgia/MGWDB).

If WorkSource Middle Georgia/MGWDB does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

A **complaint** is an allegation of discrimination on the grounds a person, or any specific class of individuals, has been or is being discriminated against on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or 29 CFR Part 38.69. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under WIOA will be processed as a **complaint**.

**Note: A complaint cannot be processed as both a program complaint and as a discrimination complaint.**

#### **FILING COMPLAINTS OF DISCRIMINATION (under Equal Opportunity Complaint Policy)**

**Who May File:** Any person requesting aid, benefits, services or training through WorkSource Middle Georgia/MGWDB workforce system; eligible applicants and/or registrants; participants; employees, applicants for employment; service providers, eligible training providers (as defined in the Workforce Innovation and Opportunity Act), and staff with the workforce system that believes he/she has been or is being subjected to discrimination prohibited under the Nondiscrimination and Equal Opportunity Provisions 29 CFR Part 38 and Section 188 of the Workforce Innovation and Opportunity Act.

WorkSource Middle Georgia/MGWDB is prohibited from discriminating against a person, or any specific class of individuals, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, sexual orientation and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or 29 CFR Part 38.69 in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity. If you think that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within **180 days** from the date of the alleged violation with:

**TERRELL MITCHELL, EO OFFICER**  
**WORKSOURCE MIDDLE GEORGIA/MGWDB**  
**124 OSIGIAN BLVD, SUITE A**  
**WARNER ROBINS, GEORGIA 31088**  
**(478) 953-4771**  
**TDD/TTY 1-800-255-0056,**  
**tmitchell@mgwib.com**

**Each complaint must be filed in writing, either electronically or in hard copy, and must contain the following information:**

- (A) The complainant's name, mailing address, and, if available, email address (or another means of contacting the complainant).
- (B) The identification of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination).
- (C) A clear description of the allegations in sufficient detail including the date(s) and timeline that the alleged violation occurred to allow WorkSource Middle Georgia/MGWDB, as applicable, to decide: (1) what agency has jurisdiction over the complaint; (2) whether the complaint was filed in time; and (3) whether the complaint has apparent merit; in other words, whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of section 188 of WIOA or part 29 CFR Part 38.
- (D) The written or electronic signature of the complainant or the written or electronic signature of the complainant's representative.

#### **Complaint Processing Procedure**

An initial written notice to the complainant will be provided within three (3) work days of receipt of the complaint. The notice will include the following information pursuant to 29 CFR Part 38.72:

- (1) Acknowledgement of complaint received including date received; notice that the complainant has the right to be represented in the complaint process; notice of rights contained in §38.35; and notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into non-English languages as required in §§38.4(h) and (i), 38.34, and 38.36.
- (2) A written statement of issue(s) which includes a list of the issues raised in the complaint; for each issue, a statement of whether or not the issue is accepted for investigation or rejected and the reasons for each rejection after performing a period of fact-finding.

- (3) Notice that the complaint may be resolved by using the issue Alternative Dispute Resolution (ADR) any time after the complaint has been filed, but before a Notice of Final Action has been issued.

If the complaint does not fall within the Workforce Innovation and Opportunity Act jurisdiction for processing complaints alleging discrimination under Section 188 or Equal Opportunity and Nondiscrimination provisions at 29 CFR Part 38.74, the complainant will be notified in writing within five (5) business days of making such determination. The notification shall include the basis of the determination as well as a statement of the complainant's right to file with the Civil Rights Center (CRC) within thirty (30) days of the determination.

Complaints may be initially filed or appealed to the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

**Time Frame:** If you file your complaint with WorkSource Middle Georgia/MGWDB, you must wait either until WorkSource Middle Georgia/MGWDB issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

If WorkSource Middle Georgia/MGWDB does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with WorkSource Middle Georgia/MGWDB).

If WorkSource Middle Georgia/MGWDB does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

#### Resolution Process

**Alternative Dispute Resolution:** Complainant must be given a choice as to the manner in which he/she has their complaint resolved. Mediation is recommended as an appropriate means for ADR and will be conducted by an impartial mediator. After an investigation is conducted by the EO Officer, ADR may be chosen by the complainant to resolve the issues. The Complainant has a right to select ADR to resolve the dispute at any time prior to receiving a Notice of Final Action. If the complainant chooses ADR for dispute resolution, WorkSource Middle Georgia/MGWDB will provide the impartial mediator and will provide all interested parties information regarding the arrangements (date, time, and location).

**Time Frame:** The period for attempting to resolve the complaint through mediation will be thirty (30) days from the date the complainant chooses mediation; but must be performed within ninety (90) days of the initial filing date.

**Successful Mediation:** Upon completion of successful mediation, the complainant and respondent will both sign a conciliation agreement attesting that the complaint has been resolved. A copy of the conciliation agreement will be provided to TCSG-OWD within ten (10) days of the date the conciliation agreement was signed.

**Unsuccessful Mediation:** In the event mediation was not successful, WorkSource Middle Georgia/MGWDB shall proceed with issuing a Notice of Final Action within the ninety (90) day of initial filing date. The complainant has a right to file their complaint with the CRC if mediation was unsuccessful.

**Complainant Responsibility:** The complainant may amend the complaint at any point prior to the beginning of mediation or the issuance of the Notice of Final Action. The complainant may withdraw the complaint at any time by written notification.

**Breach of Agreement:** Any party to any agreement reached under ADR may file a complaint if either party feels the agreement has been breached. The non-breaching party must file a complaint within thirty (30) days of the date that party learns of the alleged breach (29 CFR 38.72) with Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210. The CRC must evaluate the circumstances to determine whether the agreement has been breached. If breached, the complaint will be reinstated and processed in accordance with the WorkSource Middle Georgia/MGWDB procedures.

## II. GENERAL GRIEVANCE POLICY

Any person applying for or receiving services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by WorkSource Middle Georgia/MGWDB will be treated fairly. WorkSource Middle Georgia/MGWDB will make every effort to resolve all general, non-discriminatory complaints informally between those involved before a grievance is filed. Grievances may be filed in accordance with the written procedures established by WorkSource Middle Georgia/MGWDB. **If you believe a violation of Title I of Workforce Innovation and Opportunity Act (WIOA) or regulations of the program has occurred, you have the right to file a grievance.**

A **grievance** is a complaint about customer service, working conditions, wages, work assignment, etc., arising in connection with WIOA Title I funded programs operated by WIOA recipients including service providers, eligible training providers, one-stop partners and other contractors.

### **FILING A GENERAL GRIEVANCE (violations of the act or regulations not alleging discrimination)**

**Who May File:** Any person, including WIOA program participants, applicants, staff, employers, board members or any other interested parties who believes they have received unfair treatment in a WIOA Title I funded program.

Any person may attempt to resolve all issues of unfair treatment by working with the appropriate manager and/or supervisor and staff member, service provider, or one-stop partner involved informally prior to a written grievance being filed.

All complaints as described in the previous definition may be filed within one hundred twenty (120) days after the act in question by first completing and submitting the General Grievance Form to:

**TERRELL MITCHELL, EO OFFICER**  
**WORKSOURCE MIDDLE GEORGIA/MGWDB**  
**124 OSIGIAN BLVD, SUITE A**  
**WARNER ROBINS, GEORGIA 31088**  
**(478) 953-4771**  
**TDD/TTY 1-800-255-0056,**  
**tmitchell@mgwib.com**

### **Grievance Processing Procedure**

A grievance may be filed by completing and submitting the General Grievance Form located at <http://www.mgwib.com>. WorkSource Middle Georgia/MGWDB will issue a written resolution within sixty (60) days of the date the grievance was filed. Pursuant to Section 181 of the Workforce Innovation and Opportunity Act (WIOA), WorkSource Middle Georgia/MGWDB shall provide the grievant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if requested in writing by the grievant. In the event a hearing is not requested, WorkSource Middle Georgia/MGWDB shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act (WIOA) were violated. In the event the grievant is dissatisfied with WorkSource Middle Georgia/MGWDB's decision, he or she may appeal the decision to TCSG-OWD within sixty (60) days of the date of the decision. If such an appeal is made, then TCSG-OWD shall issue a final determination within sixty (60) days of the receipt of the appeal.

In the event WorkSource Middle Georgia/MGWDB does not issue a written resolution within the sixty (60) days of the complaint's filing as required, the grievant has the automatic right to file his or her complaint with TCSG-OWD.

### **Hearing Process**

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, WorkSource Middle Georgia/MGWDB shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing; (5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

The hearing shall be conducted in compliance with federal regulations. The hearing shall have, at a minimum, the following components: (1) an impartial hearing officer selected by WorkSource Middle Georgia/MGWDB; (2) an opportunity for both the grievant and respondent to present an opening statement, witnesses, and evidence; (3) an opportunity for each party to cross-examine the other party's witnesses; and (4) a record of the hearing which WorkSource Middle Georgia/MGWDB shall create and maintain.

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision which shall serve as WorkSource Middle Georgia/MGWDB's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

#### **Appeal Process:**

An appeal may be requested by contacting the Technical College System of Georgia, Office of Workforce Development (TCSG-OWD), Attention: David Dietrichs, Compliance and Legal Affairs Director, 1800 Century Place, N.E., Suite 150, Atlanta, Georgia 30345-4304, (404) 679-1371, [wioacompliance@tcsgeu.edu](mailto:wioacompliance@tcsgeu.edu) within sixty (60) days of the date of the decision.

### **III. COMPLAINTS OF FRAUD, ABUSE, OR OTHER ALLEGED CRIMINAL ACTIVITY**

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Georgia Office of Inspector General at 1-866-435-7644 or [inspector.general@oig.ga.gov](mailto:inspector.general@oig.ga.gov).

### **IV. COMPLAINTS AGAINST PUBLIC SCHOOLS**

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

### **V. NOTIFICATION OF REVISIONS/UPDATES TO POLICIES AND PROCEDURES**

The Equal Opportunity Complaint and General Grievance Policy and Procedure shall be reviewed by the EO Officer periodically for any changes that require updates in accordance to WIOA or 29 CFR Part 38. The EO Officer is responsible for updating the Policies and Procedures, forms, documentation, print and electronic media. In the event of a required policy change or revision, the EO Officer will first notify the WorkSource Middle Georgia/MGWDB Executive Director or PCO Director of the changes needed. The updated policy must be presented to the Middle Georgia Workforce Development Board and the Middle Georgia Local Elected Official Board for review and approval. Policy and Procedure changes shall not take effect until the revisions have been approved by both the Middle Georgia Workforce Development Board and the Middle Georgia Local Elected Official Board.

All active participants, WorkSource Middle Georgia/MGWDB staff, One Stop partners, and other interested parties must be notified of any policy and procedure change. Active participants will be notified via regular first-class mail or electronic mail and notification will be documented with case notes in the electronic participant portal. WorkSource Middle Georgia/MGWDB must also update all other sources that reference the policy and procedure such as electronic media and office postings. WorkSource Middle Georgia/MGWDB must update all contracts, MOUs, and all other pertinent documents that reference compliance with the policies and procedures. During scheduled monitoring, WorkSource Middle Georgia/MGWDB's fiscal agent will conduct a secondary review to ensure all required entities are notified. WorkSource Middle Georgia/MGWDB staff will be required to attend training sessions on any updated policy and procedure changes. Additionally, WorkSource Middle Georgia/MGWDB staff are trained annually to ensure that the most current policies and procedures are followed. Training session attendance is documented and maintained in the employee training file.

**I CERTIFY THAT I HAVE RECEIVED A COPY OF THESE POLICIES AND PROCEDURES AND UNDERSTAND THE INFORMATION PROVIDED WITHIN THIS DOCUMENT.**

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Signature

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Date

## WORKSOURCE MIDDLE GEORGIA/MGWDB

## GRIEVANCE FORM – 001

## GRIEVANCE COMPLAINT AND REQUEST FOR HEARING

**INFORMATION TO COMPLAINT:** This form shall be submitted to the WorkSource Middle Georgia/MGWDB EO Officer. In accordance with the WorkSource Middle Georgia/MGWDB Grievance Procedures under the Workforce Innovation and Opportunity Act, the respondent, or party against whom the complaint is brought, shall have three (3) days in which to answer your grievance on Grievance Form 002. The EO Officer will attempt to arrange an informal meeting of all parties within the next seven (7) work days to determine if the grievance can be informally resolved to the satisfaction of all parties. If no such meeting can be arranged, this complaint shall constitute your request for a formal grievance hearing. If after such meeting the grievance is resolved, and all parties are satisfied, you may be asked to confirm that there is no need for a formal hearing on Grievance Form 004. If at any time you wish to withdraw your request for such a hearing, you should advise the EO Officer and sign a Grievance Form 006. Any questions should be addressed to the WorkSource Middle Georgia/MGWDB EO Officer until receipt of Grievance Form 005 or other contact by the named hearing officer.

## 1. Complainant's full name, address, and telephone number:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

## 2. Respondent's full name, address, and telephone number:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

## 3. A clear and concise statement of the facts, including pertinent dates, constituting the alleged violation (attach additional sheets if necessary):

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## 4. The provisions of the Act, regulation, grant or other agreements under the Act believed to have been violated:

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5. If you allege impermissible discrimination please state the class of which you are a member which you contend is being discriminated against:

\_\_\_\_\_

Grievance Form -001/Page 2

\_\_\_\_\_

Signature of Complainant

Signature of EO Officer

\_\_\_\_\_

\_\_\_\_\_

Date Signed and Filed with EO Officer: \_\_\_\_\_

Signature of Respondent

Signature of EO Officer

\_\_\_\_\_

\_\_\_\_\_

Date Signed and Received by Respondent: \_\_\_\_\_

- Copies: (1) To Complainant
- (1) To Respondent
- (2) To EO Officer for Complainant's Grievance File and for Hearing Officer's file

WORKSOURCE MIDDLE GEORGIA/MGWDB

GRIEVANCE FORM – 002

RESPONDENT’S ANSWER TO COMPLAINT

INFORMATION TO RESPONDENT: This form must be submitted to the WorkSource Middle Georgia/MGWDB EO Officer no later than the third (3rd) work day from the date the complaint was filed. If no informal meeting of the involved parties can be arranged within the seven (7) work days after the date the complaint was filed, the formal hearing will proceed unless the complainant files a Grievance Form 006. If an informal meeting is arranged and the grievance is thereby or otherwise resolved in a manner satisfactory to all parties, you may be asked on Grievance Form 004 to confirm that there is no need for a formal hearing. Any questions should be addressed to the WorkSource Middle Georgia/MGWDB EO Officer until receipt of Grievance Form 005 or other contact by the named hearing officer.

1. A clear and concise reply to the facts alleged by the Complainant (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Any response to the Complainant’s statement concerning the alleged violation of the Act, regulation, grant, or other agreements under the Act believed to have been violated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Respondent

Signature of EO Officer

\_\_\_\_\_

\_\_\_\_\_

Date Signed and Filed with EO Officer: \_\_\_\_\_

Signature of Complainant

Signature of EO Officer

\_\_\_\_\_

\_\_\_\_\_

Date Signed and Received by Respondent: \_\_\_\_\_

Copies: (1) To Complainant (1) To Respondent (2) To EO Officer for Complainant’s Grievance File and for hearing officer’s file.

Grievance Form -003/Page 1

## WORKSOURCE MIDDLE GEORGIA/MGWDB

## GRIEVANCE FORM – 003

## NOTICE OF INFORMAL MEETING

Name of Complainant: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

After attempts to confer with the parties, the informal meeting for the resolution of this grievance has been scheduled for: \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ o'clock \_\_.m. ; at the offices of the Consortium at 124 Osigian Blvd, Suite A, Warner Robins, Georgia. If, at such meeting or otherwise, the issues raised by the grievance can be mutually resolved to the satisfaction of the parties, they will be asked to confirm that there is no need for a formal grievance hearing at this time on Grievance Form 004, otherwise the hearing shall be scheduled unless a Form 006 is received from the Complainant.

Signature of Complainant

Signature of EO Officer

\_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Respondent

Signature of EO Officer

\_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_

Copies: (1) To Complainant  
 (1) To Respondent  
 (2) To EO Officer for Complainant's Grievance File and for  
 hearing officer's file

WORKSOURCE MIDDLE GEORGIA/MGWDB

GRIEVANCE FORM – 004

CONFIRMATION/NO NEED FOR FORMAL HEARING

The Complainant and the Respondent have been able to informally resolve the grievance between them in a manner satisfactory to all parties and there is therefore no need for a formal hearing.

Complainant:

Respondent:

\_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Filed with EO Officer: \_\_\_\_\_

Signature of EO Officer: \_\_\_\_\_

- Copies: (1) To Complainant
- (1) To Respondent
- (1) To EO Officer for Complainant’s Grievance File

## WORKSOURCE MIDDLE GEORGIA/MGWDB

## CERTIFIED MAIL –RETURN RECEIPT REQUESTED

## GRIEVANCE FORM – 005

## NOTICE OF HEARING DATE &amp; PROCEDURE

Name of Complainant: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

INFORMATION TO PARTIES: Under the authority and jurisdiction of the WorkSource Middle Georgia/MGWDB Grievance Procedures under the Workforce Innovation and Opportunity Act, all parties are informed as follows:

1. The formal hearing on the grievance between the above named parties will be held at the following location:

\_\_\_\_\_  
 \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_ o'clock, \_\_.m., this is not later than thirty (30) days after the date of the filing of Grievance Form 001;

2. The complainant may amend the complaint, but no later than 72 hours prior to the scheduled hearing;

3. The complainant may withdraw the request for hearing by submitting a signed Grievance Form 006, a copy of which is attached, with the hearing officer or the EO Officer at any time before the scheduled hearing;

4. Any party may request rescheduling of the hearing for good cause shown, but the hearing shall, in any event, be held within thirty (30) days after the date of filing of Grievance Form 001 except in extraordinary circumstances and where all parties agree to waive the thirty (30) day time limit;

5. Any party has the right to be represented by legal counsel or other representation at the party's own expense. Where the complaint is against the Consortium, **the Executive Director**, the Board of Directors, or any member, the Workforce Development Board, or any member, or the Executive Committee, or any member, and any party is represented by legal counsel, the Consortium will have legal counsel present to represent the Respondent. Where the complaint is not against any of the above named, but involves solely participants or service providers, and any party is represented by counsel, the Consortium will have legal counsel present to assist the hearing officer;

6. Any party may call witnesses and introduce documentary evidence, including witnesses and documents which may be available to or kept in the ordinary business of grantee of/or by contract with the Consortium. Requests of a party to have identified witnesses and documents made available should be made to the hearing officer, in writing, no later than the:

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. All witnesses will be subject to cross-examination by the other parties;  
 and

7. Any party may arrange for a verbatim recording and transcription of the hearing, at that parties expense; the hearing officer should be notified, in writing, of such intention and the arrangement for a court reporter that have been made no later than the: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

All further pleadings, correspondence, or questions should be directed to the hearing officer at the address and telephone number stated below.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Hearing Officer

Name, address, and telephone number of the Hearing Officer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

- Copies: (1) Hearing Officer's File
- (1) To Complainant
- (1) To Respondent
- (1) To EO Officer for Complainant's Grievance File



WORKSOURCE MIDDLE GEORGIA/MGWDB

CERTIFIED MAIL –RETURN RECEIPT REQUESTED

GRIEVANCE FORM – 007

DECISION OF HEARING OFFICER

Name of Complainant: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

In accordance with and under the authority of the requirements of the Workforce Innovation and Opportunity Act and regulations, specifically Section 181(c) of the Act and 20 Code of Federal Regulations Part 683.600, and the WorkSource Middle Georgia/MGWDB Grievance Procedures, all as amended, and,

The procedures having been duly and properly completed in compliance with those authorities; and

Having heard the evidence and argument of the parties:

The following constitutes my decision and the facts and reasons thereof (additional sheets will be attached as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following constitutes my decision as to the remedies, if any, to be applied (additional sheets will be attached as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of this decision is being sent this date, certified mail, return receipt requested, to each of the parties, and the chairman of the Executive Committee of the Local elected Officials. Within the ten (10) days after the date of this decision, the Executive Committee may modify it under the provisions of the WorkSource Middle Georgia/MGWDB Grievance Procedures. If it does so, the action of the Executive Committee will be the final decision of the WorkSource Middle Georgia/MGWDB. If no such modification is made, this decision shall, in ten (10) days become the final decision of WorkSource Middle Georgia/MGWDB.



The final decision of the WorkSource Middle Georgia/MGWDB may be appealed by filing a request for review within ten (10) days of the adverse final decision of the WorkSource Middle Georgia/MGWDB with the Governor’s designee, as follows:

David Dietrichs, Compliance and Legal Affairs Director  
Technical College System of Georgia OWD  
1800 Century Place N.E., Suite 150  
Atlanta, GA 30345-4304

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Hearing Officer

Name, address, and telephone number of the Hearing Officer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Copies by certified mail, return requested to:

(1) To Complainant

(1) To Respondent

Further Copies: (1) To EO Officer for Complainant’s Grievance File

(1) Chairman, Executive Committee