



Northern Middle Tennessee Workforce Board Inc.

May 12, 2021

Executive Summary

Grievance and Complaint Resolution Policy

1. What is the general purpose of this policy?

To provide instruction and procedures regarding grievances and complaints resolution from participants and other interested parties.

2. What are the notable guidelines conveyed within this policy?

- Describes the complaint and/or grievance process that are non-discriminatory in nature
- Describes the discriminatory complaint process

3. What are the modifications to this policy?

The policy was updated to reflect new forms and reporting deadlines.



Northern Middle Tennessee Workforce Board Inc.

Effective Date: 10.01.2018

Revised Date: 05.12.2021

Duration: Indefinite

Grievance and Complaint Resolution Policy & Procedures

Purpose

The purpose of this guidance is to provide instruction on the policy and procedures required under the Workforce Innovation and Opportunity Act (WIOA) regarding grievances and complaints from participants and other interested parties.

This policy differentiates complaints as they relate to four (4) separate categories:

- Complaints alleging discrimination or denial of equal opportunity;
- Complaints alleging unjust denial of WIOA services;
- Complaints alleging hostile work environment against employers that are not related to WIOA-funded programs or training; and
- Complaints made by staff within the LWDA against other LWDA staff or a sub-recipient entity

This policy outlines the process, including required documentation, to address complaints at the local and state levels.

Policy & Instructions

A. Discrimination or Denial of Equal Opportunity Complaints

WIOA Section

188 prohibits discrimination against individuals in any program or activity that receives financial assistance under Title I of WIOA as well as by the One-Stop Partners listed in WIOA Section 121(b) that offer programs or activities through the One-Stop/American Job Center system. WIOA Section 188 prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, citizenship status or because of an individual's participation in a program or activity that receives financial assistance under Title I of WIOA (29 CFR Part 38).

No person in the United States shall, on the grounds of race, color, national origin, or disability, be excluded from, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance from the Department of Labor (29 CFR Part 31.3 and 32.4).

It is against the law for the Northern Middle Tennessee Workforce Board, 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, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIOA Title I – financially assisted program or activity.

The Northern Middle Tennessee Workforce Board must not discriminate in any of the following areas:

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

Applicants/participants, or other interested parties, who feel that they have received unequal treatment should contact the Northern Middle Tennessee Workforce Board, Equal Opportunity Officer (EEO), 931-905-3507, TTY/TDD 1-800-848-0299. Informal procedures will be initiated to resolve the applicant/participant's complaint. One-on-one assistance is available for individuals with disabilities when necessary. If these procedures do not resolve the issue to the applicant/participant's satisfaction, the Equal Opportunity Officer will advise the applicant/participant of the formal complaint procedure as follows:

If an individual thinks he/she has been subjected to discrimination under WIOA Title I – financially assisted program or activity, the individual may file a complaint within 180 days from the date of the alleged violation with either:

Northern Middle Workforce Board
Equal Opportunity Officer
523 Madison Street
Suite A
Clarksville, TN 37040
TTY/TDD: 1-800-848-0299

TN Dept. of Labor & Workforce Development
Attn: EO Officer
220 French Landing Drive
Nashville, TN 37243
Phone: 615-253-1331
TTY/TDD: 615-532-2879

US Department of Labor
Director, Civil Rights Center
US Department of Labor
200 Constitution Avenue, NW
Room N - 4123
Washington, DC 20210
TTY: 202-693-6516

To file a complaint with the Northern Middle Tennessee Workforce Board Equal Opportunity Officer (EEO):

- a. All complaints must be submitted in writing to the EEO at 523 Madison Street, Suite A, Clarksville, TN 37040 within 180 days of the date of the incident
- b. All complaints must be filed using the Employment and Training Administration (ETA) Complaint/Apparent Violation Form
- c. The EEO will provide written acknowledgement of receipt of complaint to complainant.
- d. The EEO will launch an investigation and hold a formal verbal discussion with complainant within fifteen (15) working days of receipt of complaint.
- e. The EEO will communicate a written decision to the complainant within ten (10) working days of the verbal discussion.
- f. If a resolution is not obtained at the local level within sixty (60) days of the filing of the complaint, or either party is dissatisfied with the local hearing decision, an appeal may be filed with the Tennessee Department of Labor and Workforce Development (TDLWD) at WIOA.complaints@tn.gov.

If a complaint is filed with the Northern Middle Tennessee Workforce Board, the individual must wait either until the Workforce Board issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center. If the Northern Middle Tennessee Workforce Board does not give a written Notice of Final Action within 90 days of the day on which the individual filed a complaint, the individual does not have to wait for the Workforce

Board to issue that Notice before filing a complaint with the Civil Rights Center. However, the individual must file with the Civil Rights Center within 30 days of the 90 day deadline.

If the Northern Middle Tennessee Workforce Board does give written Notice of Final Action, but the individual is dissatisfied with the decision or resolution, a complaint may be filed with the Civil Rights Center. An individual must file a Civil Rights Center complaint within 30 days of the date on which he/she received the Notice of Final Action.

The Northern Middle Tennessee Workforce Board is an Equal Opportunity Employer/Program. Auxiliary Aides and services are available upon request to individuals with disabilities.

B. Non-Discriminatory Complaint Process

This complaint procedure is limited to complaints, and/or grievances that are non-discriminatory in nature. The follow process is required for:

- Complaints alleging unjust denial of WIOA services;
- Complaints made by staff within the LWDA against other LWDA staff or a sub-recipient entity

This procedure applies to program participants, applicants, service/training providers, and other interested parties. One-on-one assistance is available for individuals with disabilities when necessary.

- 1) All complaints must be filed by the within one hundred eighty (180) calendar days of the alleged occurrence
- 2) The complainant must be provided a copy of the Tennessee Department of Labor and Workforce Development (TDLWD) Grievance and Complaints Resolution Procedures.
- 3) Staff should follow the guidelines outlined in Attachment I and II of the TDLWD Grievance and Complaints Resolution Procedures.
- 4) The Northern Middle Tennessee Workforce Board has developed the following local complaint and grievance procedures:
 - a. All complaints must be submitted to the Executive Director of the Northern Middle Tennessee Workforce Board (NMTWB) at: Executive Director, 523 Madison Street Suite A, Clarksville, TN 37040.
 - b. All complaints must be filed using the Employment and Training Administration (ETA) Complaint/Apparent Violation Form
 - c. The Executive Director or their designee will provide written acknowledgement of receipt of complaint to complainant.
 - d. The Executive Director or their designee will launch an investigation and hold a formal verbal discussion with complainant within fifteen (15) working days of receipt of complaint.
 - e. The Executive Director or their designee will communicate a written decision to the complainant within ten (10) working days of the verbal discussion.
 - f. Should the complainant not be satisfied, the complainant may file a written appeal, prepared consistent with item b above, with the Board Chairman.
 - g. Upon receipt of an appeal, the Chairman will convene an ad hoc committee to review the appeal. The hearing will be limited to the original complaint and the complainant can choose to be represented by another individual, including legal counsel.
 - h. The committee will render a written decision to the complainant within five (5) working days of the hearing. If more time is needed to reach a decision, the complainant will

be notified in writing of the time by which a decision will be made.

- i. If a resolution is not obtained at the local level within sixty (60) days of the filing of the complaint, or either party is dissatisfied with the local hearing decision, an appeal may be filed with the Tennessee Department of Labor and Workforce Development (TDLWD) at WIOA.complaints@tn.gov. The TDLWD decision may be appealed to the Secretary in the event that a decision has not been reached within sixty (60) days, or a decision has been reached and the party wishes to appeal to the Secretary.
- j. An individual party to a collective bargaining agreement, alleging a labor standards violation, may also submit the grievance to a binding-arbitration procedure.

C. Hostile Work Environment, Unrelated to American Job Center Staff

The One-Stop Operator (OSO) Director must ensure complaints alleging a hostile work environment or other unfair treatment by an employer are appropriately forwarded to either the Labor Standards Unit or the Tennessee Occupational Safety and Health Administration (TOSHA).

I. Complaints to the Labor Standards Unit:

- Request inspections of child-labor and non-smoker protection
- Processes claims for unpaid wages
- Investigate if there are allegations of unlawful hiring practices related to illegal aliens and whether workers are lawfully authorized to work

More information can be accessed at <https://www.tn.gov/workforce/employers/safety---health/regulations-compliance/regulations---compliance-redirect/labor-standards-unit.html>

II. Complaints to TOSHA:

- Request inspections if concerned with the possible existence of safety and health hazards

More information can be accessed at <https://www.tn.gov/workforce/employees/safety-health/tosha-redirect/file-a-safety-complaint.html>

The OSO Director must assist the complainant to file a complaint with the aforementioned organizations, to include follow up with the customer. This process must be reflected in the AJC Complaint Log and documentation must be maintained at the AJC.

D. American Job Center Partner Reporting Due Dates:

The following list details requirements for American Job Center (AJC) Complaint Log submissions to the OSO and local Board:

Reporting periods and deadlines for complaint log submissions are as follows:

Quarters	Fiscal Year Reporting Periods	Deadlines for Submission
Quarter 1	October 1 to December 31	January 15
Quarter 2	January 1 to March 31	April 15
Quarter 3	April 1 to June 31	July 15
Quarter 4	July 1 to September 31	October 15

All processes and procedures described in this policy will be made available in hard copy and posted on the Northern Middle Tennessee Workforce Board website at www.nm-wb.com.

Authorized by:

Approved by:

DocuSigned by:
Marla Rye 5/13/2021
36EC42C53292484...

Marla Rye, Executive Director Date

DocuSigned by:
John Zobl 5/13/2021
63BEE9CB06B0480...

John Zobl, Chairman Date



Northern Middle LWDA	Local Workforce Development Area Complaint Form
American Job Center Name:	
American Job Center Type:	Comprehensive Center
Address of One-Stop Center:	
City, State, Zip Code of One-Stop Center:	
Phone Number of One-Stop Center or Employer:	() -
Date Complaint is Filed:	
Name of Complainant (Last, First, Middle Initial):	
Phone Number of Complainant:	() -
Name of Individual or Organization Complaint is Against:	
Name of Staff Addressing Complaint:	

Complaints referred to Other State Departments:	
Labor Standards Unit: <input type="checkbox"/> Request inspections of child-labor <input type="checkbox"/> Request inspections of non-smoker protection <input type="checkbox"/> Processes claims for unpaid wages <input type="checkbox"/> Investigate if there are allegations of unlawful hiring practices related to illegal aliens and whether workers are lawfully authorized to work.	
Tennessee Occupational Hazard Safety Administration: <input type="checkbox"/> Request inspections if concerned with the possible existence of safety and health hazards.	
Date of Referral	
Complaints referred to Local EO Officer:	
<input type="checkbox"/> Discrimination or denial of equal opportunity to participate in WIOA program	
<input type="checkbox"/> Workplace discrimination or denial of equal opportunity against employer receiving WIOA funds	
Date Submitted to Local EO Officer (if applicable):	
Complaints referred to Executive Director:	
<input type="checkbox"/> Unjust denial of WIOA services, but not discriminatory in nature	
<input type="checkbox"/> Hostile work environment against employer related to WIOA-funded program	
<input type="checkbox"/> Other Complaints against employer related to WIOA-funded program	
Date Submitted to Executive Director (if applicable):	

Please include following documentation in this PDF:	
<input type="checkbox"/> Employment and Training Administration Complaint/Apparent Violation Form (ETA Form 8429)	
<input type="checkbox"/> Email correspondence related to the complaint	
<input type="checkbox"/> Meeting minutes regarding any in-person adjudication	
<input type="checkbox"/> Documentation to support eligibility to receive WIOA services	
Date submitted to WIOA.Complaints@tn.gov	



U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0039
Expiration Date: 07/31/2023

For Official Use Only **Complaint/Apparent Violation Form¹**

Complaint/Apparent Violation No.		Date Received	
Part I. Contact Information²		Respondent's Information³	
1. Name of Complainant/(Last, First, Middle Initial) ⁴		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 () -	
8a. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)			

8b. I hereby give authorization to: _____ to act on my behalf regarding this complaint.
Phone #: () - Address: _____

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 ⁵	10. Date Signed
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¹ For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

² 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.

³ For definition of "Respondent" see 20 CFR 651.10.

⁴ Pursuant to 658.400(d), "A complainant may designate an individual to act as his/her representative." If the complainant has a designated representative, the name and contact information of the designated representative must be provided in 8b.

⁵ No signature is required at Part 9 if this form is submitted as an Apparent Violation. If the form is submitted as a complaint and a designated representative is acting on behalf of the complainant, the designated representative must sign here.

Part II. For Official Use Only

<p>1. Migrant or Seasonal Farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>2. Complaint or Apparent Violation Employment Service Related ("X" Appropriate Box(es)) <input type="checkbox"/> Complaint against the Employer <input type="checkbox"/> Apparent violation involving the Employer <input type="checkbox"/> Complaint against the Local Employment Service Office <input type="checkbox"/> Apparent violation involving the Employment Service Office</p> <p>2a. Job Order No, if available: _____</p> <p>3. Complaint or Apparent Violation Employment-Related Law: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Issue(s) involved in Complaint or Apparent Violation ("X" Appropriate Box(es)):</p> <table style="width:100%; border: none;"> <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"/> Health/Safety</td> <td><input type="checkbox"/> Discrimination</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Trafficking</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Sexual harassment/coercion/assault</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (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"/> Health/Safety	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Transportation	<input type="checkbox"/> Trafficking	<input type="checkbox"/> Sexual harassment/coercion/assault		<input type="checkbox"/> Other (Specify) _____		<p>5. If employer is an H-2A/Criteria Employer, is the complainant a: ("X" Appropriate Box):</p> <p><input type="checkbox"/> U.S. Worker <input type="checkbox"/> H-2A Worker</p>
<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing													
<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides													
<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Discrimination													
<input type="checkbox"/> Transportation	<input type="checkbox"/> Trafficking													
<input type="checkbox"/> Sexual harassment/coercion/assault														
<input type="checkbox"/> Other (Specify) _____														

<p>6a. Referrals To Other Agencies ("X" Appropriate Box(es)) <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>7. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.) _____ _____ (____)____-____</p>
<p>6b. Next Follow-up Date if complainant is an MSFW _____</p>	

8. 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: _____

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

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 2 hours and 30 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.

