

**Workforce Alliance  
and  
CTWORKS One-Stop Career Center**

**COMPLAINT RESOLUTION/GRIEVANCE POLICY AND PROCEDURE  
Effective July 1, 2005**

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Workforce Alliance, in order to hear and settle complaints as expeditiously as possible, has instituted the following complaint procedure for use by all program applicants, participants, staff, subgrantees (contractors and subcontractors), applicants for contract, and other appropriate parties.

**STEP I**

**For Program Applicants, Participants and Staff:**

The complainant, using Workforce Alliance Complaint Form - Step I, will make the complaint known in writing to both the Regional One-Stop Career Center Director and the Workforce Alliance Manager of Career Development Services. Grievances or complaints must be filed within one hundred and eighty (180) calendar days of the alleged violation. The Regional One-Stop Career Center Director and the Workforce Alliance Manager of Career Development Services meet with the complainant within 30 calendar days of the filing of the grievance or complaint. The complainant will be notified in writing of the hearing at least ten (10) calendar days prior to the date of the meeting. The Regional One-Stop Career Center Director and the Workforce Alliance Manager of Career Development Services will jointly issue a written decision to the complainant within thirty (30) calendar days of the meeting with the complainant.

**For Subgrantees (contractors and subcontractors) and Applicants for Contract:** The complainant, using Workforce Alliance Complaint Form – Step I, will make the complaint known in writing to the Executive Director of Workforce Alliance within ten (10) calendar days of the alleged violation or notification of funding decisions. The Executive Director will meet with the complainant within 10 calendar days of the filing of the grievance or complaint. The Executive Director, upon consultation with the Organizational Development Committee of the Workforce Alliance Board of Directors, will issue a written decision to the complainant within ten (10) calendar days of the meeting with the complainant.

**For All Complainants:**

- The official filing date is the date the written grievance or complaint is received.
- A grievance or complaint may be amended to correct technical deficiencies at any time of up to the

time of a hearing. *Grievances or complaints may not be amended to add new issues.* The relevant time period for which a grievance or complaint may be filed is not extended for grievances or complaints that are re-filed with amendments. Grievances or complaints may be withdrawn at any time prior to the issuance of the hearing officer's decision.

- Complainants will be required to submit a response to the written decision rendered (as directed on the Step I – Respondent's Decision form). If the complaint/grievance has been resolved after completion of Step I of this process, or complaint is withdrawn, or if the decision rendered is unacceptable and complainant will request a hearing, the complainant shall provide a signed statement of the status of the complaint within ten (10) calendar days of the receipt of the Step I written decision. Copies of the notice will be maintained in the complainant's file. If a notice has not been received by the respondent within ten (10) calendar days of the rendering of the decision, the decision will be considered acceptable and the complaint resolution procedure closed.
- If response to the complaint is unacceptable, the complainant will have ten (10) calendar days from receipt of the Step I decision to request a hearing conducted by an impartial hearing officer. This appeal shall be in writing to the hearing officer, using Workforce Alliance Complaint Form - Step II, and shall specifically indicate the unacceptable nature of the decision. If an appeal has not been received by the hearing officer within ten (10) calendar days of the rendering of the decision, the decision will be considered acceptable and the complaint resolution procedure closed.

## **STEP II**

The Hearing Officer, following receipt of a written request for a hearing, shall conduct a hearing with the complainant within thirty days (30) calendar days of receipt of the hearing request. The complainant and the respondent will be notified in writing of the hearing at least ten (10) calendar days prior to the date of the hearing. The hearing notice will be in writing and contain the following information:

- The date of the notice, name of the complainant, and the name of the party against whom the grievance or complaint is filed;
- The date, time and place of the hearing before an impartial hearing officer
- A statement of the alleged violations. These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately;
- The name, address and telephone number of the contact person issuing the notice.

The hearing will be conducted in an informal manner with strict rules of evidence not being applicable and according to the procedures established by Workforce Alliance. The hearing will be recorded electronically or by a court reporter.

Not later than sixty (60) calendar days after the filing of request for hearing, the hearing officer will mail a written decision to both parties by first class mail. The hearing officer's decision shall contain the following information:

- The names of the parties involved;
- A statement of the alleged violation and issues related to the alleged violation
- A statement of the facts
- The hearing officer's decision and the reasons for the decision
- A statement of corrective action or remedies for violations, if any, to be taken; and
- Notice of the right of either party to request a review of the decision by the state within ten (10) days of the receipt of the decision

If the complainant does not receive a written decision within sixty (60) calendar days of the filing of the original grievance or complaint, or either party receives an adverse decision, the party then has the right to file an appeal to the state within one hundred and twenty (120) calendar days from the filing of the original grievance or complaint. In cases where a hearing officer has conducted a hearing and issued a written decision, the party must request a review of the decision by the state within ten (10) calendar days of the receipt of the hearing officer's decision. The party may request a state hearing by submitting a written notice to:

Director of Employment and Training  
Connecticut Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109

Each participant in a Workforce Alliance-sponsored program, will be given a copy of the grievance procedure, and will review and sign-off for receipt of same at the initial program orientation. Applicants for training programs will be notified in writing at the time of application of the grievance procedure used by this agency and will be provided with a copy. Acknowledgment of such receipt will be made a part of each applicant's file.

**STEP I – Workforce Alliance Complaint Resolution/Grievance Procedure:**

**Complainant Statement**

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

Complainant Name, Mailing Address and Telephone Number:

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

Please provide a clear and concise statement of the facts and dates regarding the complaint or alleged violation: \_\_\_\_\_

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

Please indicate the provisions of the Workforce Investment Act (WIA), or other applicable regulations, law, contract language or policy believed to have been violated: \_\_\_\_\_

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

Please specify the resolution sought: \_\_\_\_\_

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

Complainant Signature: \_\_\_\_\_

**Program Applicants/Participant/Staff Mail To:**

Regional Director & Career Dev. Svcs Mgr.  
CT WORKS One Stop Center Workforce Alliance  
560 Ella T. Grasso Boulevard 560 Ella T. Grasso Boulevard  
New Haven, CT 06519 New Haven, CT 06519

**Vendors/Applicants for Contracts Mail To:**

Executive Director  
Workforce Alliance  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519

**STEP I – Workforce Alliance Complaint Resolution/Grievance Procedure:**

**Respondent Decision**

*Decision must be attached completed "Complainant Statement" form*

**Date:** \_\_\_\_\_

**Decision of the One Stop Career Center Regional Director & Workforce Alliance Career Development Services Manager OR Workforce Alliance Executive Director (as applicable to nature of complaint/grievance):**

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

**Respondent(s) Signature(s):**

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Name/Title (if second signature required)**

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**To Be Completed and Returned By Complainant within ten (10) working days of receipt of this decision**

**Complaint/Grievance (check one):**

\_\_\_\_\_ Has been resolved to my satisfaction and/or complaint/grievance is withdrawn

\_\_\_\_\_ Has not been resolved to my satisfaction and will be appealed through a Request for Hearing (Step II of Complaint/Grievance Procedure)

**Signature of Complainant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Program Applicants/Participant/Staff Mail To:***

Regional Director &  
CT WORKS One Stop Center  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519

Career Dev. Svcs Mgr.  
Workforce Alliance  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519

***Vendors/Applicants for Contracts Mail To:***

Executive Director  
Workforce Alliance  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519

**STEP II – Workforce Alliance Complaint Resolution/Grievance Procedure**

**Complainant Request for Hearing**

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

Complainant Name, Mailing Address and Telephone Number:

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

Name, Mailing Address and Telephone Number of the Party against Whom the original complaint/grievance was filed: \_\_\_\_\_

\_\_\_\_\_

Please provide a clear and concise statement of the facts and dates regarding the complaint or alleged violation: \_\_\_\_\_

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

Please indicate the provisions of the Workforce Investment Act (WIA), or other applicable regulations, law, contract language or policy believed to have been violated: \_\_\_\_\_

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

Please specify the reason(s) that the decision rendered by respondent was unacceptable and resolution sought:

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

Complainant Signature: \_\_\_\_\_

Mail To: Hearing Officer  
Workforce Alliance  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519

**STEP II – Workforce Alliance Complaint Resolution/Grievance Procedure**

**Hearing Officer’s Decision**

*Decision must be attached to completed “Complainant Request for Hearing” form*

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

Name, Mailing Address and Telephone Number of:

Complainant:

Party against Whom original complaint/grievance filed:

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

*(copies of this written decision shall be mailed to both parties listed above)*

Summary Statement of Facts as Presented by both Parties: \_\_\_\_\_

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

Hearing Officer’s Decision and Reasons for the Decision: \_\_\_\_\_

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

Corrective Action to be Taken or Remedies for Violation (If Any): \_\_\_\_\_

\_\_\_\_\_

Signature of Hearing Officer: \_\_\_\_\_

Notice: Either party affected by this decision has a right to request a review of the decision by the state within ten (10) days of the receipt of the decision, by submitting a written notice of appeal to:

**Director of Employment and Training  
Connecticut Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109**

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**To Be Completed and Returned by Both Parties within ten (10) working days of receipt of this decision**

Complaint/Grievance (check one):

- Has been resolved to my satisfaction and/or complaint/grievance is withdrawn  
 Has not been resolved to my satisfaction and decision will be appealed to CT Department of Labor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: **Hearing Officer, Workforce Alliance  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519**