



JOB TRAINING DIVISION Area 14 WIOA
Columbus Consolidated Government
"Equal Employment Opportunity Is the Law"
Auxiliary Aids Available Upon Request

WIOA Grievance Information / Complaint Form Lower Chattahoochee Workforce Area 14

INSTRUCTIONS: Please fill out Questions 1-5 for a general complaint. If you feel you have been discriminated against, please complete Questions 6-11. This form should be completed and submitted within one hundred and eighty days of the date of the alleged discriminatory act. Once you have completed the appropriate questions, please sign and date at the end of this form. If you require assistance, please contact the Job Training Division of The Columbus Consolidated Government.

Pursuant to Section 181 of the Workforce Innovation and Opportunity Act, the Local Board shall provide the complainant with an opportunity for a hearing within 30 days of the complaint's filing, if expressly requested in writing by the complainant, or in the event is not requested, WFD shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the complainant is dissatisfied with the Local Board's decision, he or she may appeal the local decision to the Governor's Office of Workforce Development. Additional Appeal steps are outlined in the WIOA Customer Rights and Responsibilities Document.

Feleshia Marshall, E.O. Officer
JOB TRAINING DIVISION
Columbus Consolidated Government
P.O. Box 1340
Columbus, Georgia 31902-1340
Phone (706) 653-4529 Fax (706) 653-4533 Email: jobtraining@columbusga.org

1. Complainant Information

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Email Address _____ Are you a WIOA Employee Yes No

2. Respondent (Agency, Employee, Employer you are making claim against)

Name _____ Telephone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

3. What is a good time for us to contact you concerning this incident? _____

4. As clearly as possible, briefly describe the nature of your complaint. Attach additional sheet(s) and any necessary documents or material if needed for your complaint.

Who was involved? Include any and all witnesses, etc. _____

Please list Location, Date & Time _____

5. Were you offered or did you receive any type of services? (If applicable) Yes No

(This is all that is required for a general complaint, Please sign and date at the end of this form.)



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Please complete this section if you suspect you have been or are being discriminated against.

If the complainant is dissatisfied with the Local Board's decision, or if the Local board fails to issue a notice of Final Action within the 30 day period, the complainant, or his/her representative, may file a complaint with the Governor's Office of Economic Development within thirty (30) days of receiving the Written Notice of Final Action. (§38.79 and §38.80) Additional Appeal procedures are detailed on the WIOA Customer Rights and Responsibilities Document.

Pursuant to 29 C.F.R. §38.72, a discriminatory complaint must be filed within one hundred and eighty (180) days of the alleged discriminatory act. Per 29 C.F.R. §38.76 WFD will provide a "Written Notice of Final Action" within 30 days of the date on which the complaint was filed.

If the complainant chooses to file the discrimination complaint with Lower Chattahoochee Workforce Development Area (LCWDA) or Georgia Department of Economic Development, Workforce Division, (GDEcD,WD) then GDEcD,WD, or the LCWDA has 90 days to resolve the complaint and issue a written Notice of Final Action. Options for resolving the complaint must include alternative dispute resolution, at the complainant's election.

6. Do you feel you have been discriminated against? Yes No

7. On what date did the alleged discriminatory action occur? _____

8. Check all grounds of discrimination that apply and specify the characteristic.

- | | |
|--|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Political Affiliation _____ |
| <input type="checkbox"/> Sex Male Female | <input type="checkbox"/> Reprisal/Retaliation _____ |
| <input type="checkbox"/> Disability _____ | <input type="checkbox"/> Color _____ |
| <input type="checkbox"/> Citizenship _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Sexual Harassment _____ | <input type="checkbox"/> Other _____ |

9. How were you treated differently? _____

10. Do you have an attorney or other representative for this complaint? Yes No

11. If you have filed a case or complaint with any other government agency or non-federal entity, please list below:

Agency _____ Date Filed _____
Case or Docket # _____
Date of Trial or Hearing _____
Location of Agency or Court _____
Name of Investigator _____
Status of Case _____
Comments _____

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to 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.

Complainant Signature _____ Date _____

