



**Section I--Ozark Action, Inc.  
Employee Grievance and Adverse Action Appeal  
Procedures and Forms  
Pages 1 – 20 for Employees**

Last Updated and Approved: 11/24/09; 3/27/2012; 11/19/2013; 5/19/2015

Reviewed 5/25/2010; 3/27/2012; 11/19/2013; 3/25/2014; 5/19/2015; **5/17/2016**

Developed 5/23/2006

**Section II--Ozark Action, Inc.  
Compliant and Grievance Procedure for  
Clients, Volunteers, Participants, Families and Owners  
Pages 21 – 38 for anyone other than Employees**

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Developed 7/26/2006

**Section I--Ozark Action, Inc.**  
**Employee Grievance and Adverse Action Appeal**  
**Procedures and Forms**  
**Pages 1 – 20 for Employees**



**Last Updated and Approved: 11/24/09; 3/27/2012; 11/19/2013; 5/19/2015; 5/17/2016**

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## **Employee Grievance and Adverse Action Procedures and Forms Copied from OAI Personnel Policies Section IX**

**Purpose:** To set forth policies and procedures for employee grievances and adverse action appeals that do not relate to discrimination cases under equal opportunity procedures, as outlined in the Manual for EEO and AAP.

**Grievance Policy:**

A grievance may be defined as any feeling of dissatisfaction or injustice in connection with one's employment situation and the procedure is outlined below:

1. The employee should informally discuss the problem with their immediate supervisor. If this does not resolve the problem, the employee may wish to file a grievance. The Employee Grievance Form should be provided by the immediate supervisor or it may be copied from the Employee Resource Manual. (5/23/06)
2. After receipt of the grievance form, the immediate supervisor will make every effort to resolve the grievance in writing within five (5) working days. If resolved, the Employee Grievance Form and all information concerning the grievance will be given to the Corporate Services Director for filing in the employee's confidential file in the personnel department. (5/23/06).
3. If grievance is not resolved between employee and immediate supervisor, the Employee Grievance Form must be presented to the next level of supervision within ten (10) working days of initiation. The next level of supervision shall make every effort to resolve the grievance in writing within five (5) working days. If unresolved, the grievance information will then be forwarded to the next appropriate level within five (5) working days, this next level of supervision will have five (5) working days to resolve in writing and if necessary to forward on to the next level. This process will be repeated as necessary until all levels below the Executive Director have been utilized. If resolved, the Employee Grievance Form and all applicable information from previous steps of the grievance process will be given to the Corporate Services Director for filing in the employee's confidential file in the personnel department. If after this process, there is still no resolution of the grievance between the employee and the last level of supervision, the Employee Grievance Form and all of the information from the previous levels of supervision, must be presented to the Executive Director within five (5) working days of the last effort to solve. (5/23/06)
4. The Executive Director shall make a decision regarding the grievance within five (5) working days of receipt. A written response will be given to the employee with a copy for the supervisor; and all information concerning the formal grievance from each level of supervision up to the written response from the Executive Director will be given to the Corporate Services Director for filing in the employee's confidential file in the personnel department. (5/23/06). The decision of the Executive Director is final.
5. For those directly under the supervision of the Executive Director (ED), they shall contact the Executive Director when they feel actions of the ED would be in violation of Board and funding source policies and procedures for OAI. After this informal contact, if the concerns have not been resolved, a grievance form should be provided to the employee. Upon completion of the grievance form, the Executive Staff has the authority to notify the President of the Board. The President of the Board will call upon the Executive Committee to discuss, review and resolve the Executive Staff concerns. The decision of the Executive Committee will be final. (PC-5/2/06; OAI-5/23/06)
6. It will be a violation of this policy for any employee, Policy Council Member or Board Member to interfere with, threaten, coerce, restrain, discharge or otherwise discriminate against any employee because he/she has filed a grievance or actively participated in the grievance process in an official capacity.

Revised 3/24/98

**EMPLOYEE GRIEVANCE FORM**

**Employee:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Explain Grievance in Detail:** \_\_\_\_\_

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**I believe my supervisor's response was incorrect because:** \_\_\_\_\_

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

**I believe the best solution to my grievance would be:** \_\_\_\_\_

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

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

\_\_\_\_\_  
**Employee Signature**

**Immediate Supervisor initial and date of receipt:** \_\_\_\_\_

**(Immediate supervisor must notify Corporate Services Director immediately when a grievance is filed.)**

**Date Corporate Services Director was notified and by whom:** \_\_\_\_\_

5/23/2006

**Employee Grievance Form—Immediate Supervisor Resolution Page**  
(Must respond within five (5) working days of receipt.)

**Proposed Resolution:** \_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Initial/Date

**Did this resolve the grievance?**     \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**     (Check only one box)

**If YES is checked above, both the employee and the supervisor must date and sign below that both parties agree to the above resolution of the employee grievance and that the matter has been resolved. The supervisor will then forward all documentation pertaining to the Employee Grievance to the Corporate Services Director.**

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Immediate Supervisor Signature/Date

**If NO is checked above, the employee is advised that they have five (5) working days to file an appeal in writing. The Employee Grievance Appeal Form is located in the Employee Resource Manual. Once the employee completes the Appeal Form, please return it to the immediate supervisor. The immediate supervisor will then forward the Appeal form along with the original Employee Grievance Form and the Immediate Supervisor Resolution Form to the next level of supervision.**

**By signing and dating below the employee acknowledges that they have been advised on the procedure if they wish to pursue an appeal of this grievance to the next level of supervision. If the employee fails to complete the appeal process within five (5) working days, this grievance will be considered resolved and all information pertaining to the grievance will be forwarded immediately to the Corporate Services Director.**

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Initial/Date

**EMPLOYEE GRIEVANCE APPEAL FORM**

Employee: \_\_\_\_\_ Date APPEAL Filed: \_\_\_\_\_

Position Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Next Level of Supervision: \_\_\_\_\_

Appeal of Grievance: \_\_\_\_\_

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I believe my immediate supervisor's response was incorrect because: \_\_\_\_\_

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I believe the best solution to my appeal would be: \_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Immediate Supervisor initial and date of receipt: \_\_\_\_\_

**Immediate supervisor must notify Corporate Services Director immediately when an appeal is filed. Immediate supervisor must forward the original Employee Grievance Form, Immediate Supervisor Resolution Page, the Employee Grievance Appeal Form and any other information pertaining to the grievance to the next level of supervision with ten (10) working days of initiation.**

Date Corporate Services Director was notified and by whom: \_\_\_\_\_

\_\_\_\_\_  
Initial/Date Immediate Supervisor Forwarded to next level

\_\_\_\_\_  
Initial/Date Next Level of Supervision received Appeal

**Employee Grievance Appeal Form—Next Level of Supervision Resolution Page**  
(Must respond within five (5) working days of receipt.)

**Proposed Resolution:** \_\_\_\_\_  
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\_\_\_\_\_.

\_\_\_\_\_  
Next Level of Supervisor Initial/Date

Did this resolve the appeal of the grievance? \_\_\_\_\_ Yes \_\_\_\_\_ No (Check only one box)

If YES is checked above, both the employee and this level of supervision must date and sign below that both parties agree to the above resolution of the employee grievance appeal and that the matter has been resolved. The supervisor will then forward all documentation pertaining to the Employee Grievance to the Corporate Services Director.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

If NO is checked above, the employee is advised that they have five (5) working days to file another appeal in writing. The Employee Grievance Appeal Form is located in the Employee Resource Manual. Once the employee completes another Appeal Form, please return it to the level of supervision that most recently tried to resolve the grievance. The supervisor will then forward the additional appeal form(s) along with the original Employee Grievance Form, the Immediate Supervisor Resolution Form, and all information pertaining to the grievance to the next level of supervision.

By signing and dating below the employee acknowledges that they have been advised on the procedure if they wish to pursue the appeal process of the original grievance to the next level of supervision. If the employee fails to complete additional appeal forms to follow the appeal process within five (5) working days, this grievance and appeal(s) will be considered resolved and all information pertaining to the original grievance will be forwarded immediately to the Corporate Services Director.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Initial/Date

5/23/2006



**EMPLOYEE GRIEVANCE APPEAL FORM # \_\_\_\_\_ (Indicate by putting a 2,3,4 etc.)**

Employee: \_\_\_\_\_

Date Original Grievance Filed: \_\_\_\_\_

Date Original Grievance Appeal File: \_\_\_\_\_

Date of Appeal #2: \_\_\_\_\_ ; Appeal #3: \_\_\_\_\_ ; Appeal #4: \_\_\_\_\_

Employee Position Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Next Level of Supervision: \_\_\_\_\_

Next Level of Supervision: \_\_\_\_\_

Next Level of Supervision: \_\_\_\_\_

Appeal of Grievance: \_\_\_\_\_

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

I believe the last level of supervisions response was incorrect because: \_\_\_\_\_

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

I believe the best solution to my appeal would be: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Supervisor initial and date of receipt: \_\_\_\_\_

The level of supervision that last responded and that is accepting this appeal, must notify Corporate Services Director immediately when additional appeals are filed. This supervisor must forward the original Employee Grievance Form, Immediate Supervisor Resolution Page, the Employee Grievance Appeal Form, any additional appeal forms and all other information pertaining to the grievance to the next level of supervision with five (5) working days of receipt.

Date Corporate Services Director was notified and by whom: \_\_\_\_\_

\_\_\_\_\_  
Initial/Date Supervisor Forwarded to next level  
5/23/2006

\_\_\_\_\_  
Initial/Date Next Level of Supervision Received Appeal

**Employee Grievance Form—Executive Director Resolution Page**

(Must respond within five (5) working days of receipt.)

**Final Resolution:** \_\_\_\_\_

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**By signing and dating below the employee acknowledges that they have been advised and received a written response from the Executive Director in regard to the Employee Grievance and any Appeals filed pertaining to the issue. The Executive Directors decision is final. No additional appeals may be filed. The final resolution of this grievance and all information pertaining to the grievance will be forwarded immediately to the Corporate Services Director.**

\_\_\_\_\_  
**Employee Signature/Date**

\_\_\_\_\_  
**Executive Director Signature/Date**

\_\_\_\_\_ : Initial/Date Corporate Services Director received all paperwork concerning this grievance.

5/23/2006

**EMPLOYEE GRIEVANCE FORM—For staff directly reporting to the Executive Director**

**Employee:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Explain Grievance in Detail:** \_\_\_\_\_

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\_\_\_\_\_

**I believe my supervisor's response was incorrect because:** \_\_\_\_\_

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

**I believe the best solution to my grievance would be:** \_\_\_\_\_

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

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

\_\_\_\_\_  
**Employee Signature**

**Executive Director initial and date of receipt:** \_\_\_\_\_

**(Executive Director must notify Corporate Services Director immediately when a grievance is filed.)**

**Date Corporate Services Director was notified and by whom:** \_\_\_\_\_

5/23/2006



## **Disciplinary Grievance Policy**

The disciplinary grievance will be utilized when any form of personnel disciplinary action has been taken against an employee by supervisory staff. The following list of disciplinary actions will be subject to this process:

- a. Verbal reprimand;
- b. Written reprimand;
- c. Disciplinary probation;
- d. Suspension;
- e. Involuntary termination; (except Head Start personnel, per Section IX.D);
- f. Lateral transfers;
- g. Demotion;
- h. Change in position classification; or
- i. Change in rate of pay.

There will be a Grievance Review Committee consisting of five individuals that will be utilized as described below:

1. The grieving employee will present a Disciplinary Grievance Form to their Director. The Director will attempt to resolve the grievance within five (5) working days of receipt. If no resolution is possible, the next step is available.
2. The Disciplinary Grievance Form will be presented to the Grievance Review Committee chairman for processing.
3. After review by the committee a recommendation will be submitted to the Executive Director within five (5) days of receipt for a final decision.
4. The Executive Director shall make a decision regarding the grievance within five (5) working days of receipt of recommendation from the Grievance Review Committee. A written response will be given to the employee with a copy for the director. The decision of the Executive Director is final.

The Grievance Review Committee will be developed utilizing volunteers from each department of the agency and will be comprised of five individuals. There shall be a list of volunteers maintained in Personnel and the grieving employee will select a peer representative plus an alternate from this list for the purpose of reviewing their grievance. The Chairman will always be the Corporate Services Director unless the grieving employee reports to this position. In that event the Executive Director will select an acting Chairman. (3/27/01)  
Revised 3/24/98; 3/27/01

It will be a violation of this policy for any employee, Policy Council Member or Board Member to interfere with, threaten, coerce, restrain, discharge or otherwise discriminate against any employee because he/she has filed a grievance or actively participated in the grievance process in an official capacity.  
3/24/98

## **Disciplinary Grievance Policy for Head Start Personnel Terminations**

Head Start involuntary terminations are governed by Head Start performance standards. All Head Start involuntary terminations may be appealed in writing to the Head Start Director who will forward to the Personnel and Grievance Committee of the Head Start Policy Council. The Committee will meet with the Head Start Director to review the grievance. The committee may interview the aggrieved employee or other employees with direct involvement in the nature of the grievance. The Personnel and Grievance Committee shall make a report and recommendation to the full Policy Council. The decision of the Policy Council will be final.  
3/24/98

**Ozark Action, Inc.  
Grievance Review Committee**

- |     |  |                                  |
|-----|--|----------------------------------|
| 1.  | <b>Kay Eding</b>                                 | <b>CSBG Department</b>           |
| 2.  | <b>Vicky Callahan</b>                            | <b>CSBG Department</b>           |
| 3.  | <b>Cindy Cooper-Cowens</b>                       | <b>WIOA Department</b>           |
| 4.  | <b>Chris Johnson</b>                             | <b>WIOA Department</b>           |
| 5.  | <b>Lisa Vigdal</b>                               | <b>CSBG Department</b>           |
| 6.  | <b>Amy Foster</b>                                | <b>Administration Department</b> |
| 7.  | <b>Jim Collins</b>                               | <b>WX/HUD Department</b>         |
| 8.  | <b><del>Barb Cody</del>; <u>Holly Tucker</u></b> | <b>Head Start Department</b>     |
| 9.  | <b>Betsy Alaimo</b>                              | <b>Head Start Department</b>     |
| 10. | <b>Kristy Reese</b>                              | <b>Head Start Department</b>     |

**Chair—Sheryl Roberts**

**OAI Policies state that there will be five individuals at all times on this list. In order to comply with this policy and the availability of staff there will always be ten actual committee members of which five must be present for a committee meeting.**

**The grieving employee will select a peer representative plus an alternate from this list for the purpose of reviewing their grievance. In all stances, the selected committee member and alternate have the option of refusing to serve.**

**Reference OAI Personnel Policies Section IX: Page 2 Subsection C.**

**Updated 7/26/00; 5/1/02; 5/23/2006;11/24/2009; 3/27/2012;11/19/2013;5/19/2015; 5/17/2016**

**DISCIPLINARY GRIEVANCE FORM**

Employee: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Position Title: \_\_\_\_\_

Director: \_\_\_\_\_

Explain Grievance in Detail: \_\_\_\_\_

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I believe my supervisor's response was incorrect because: \_\_\_\_\_

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

I believe the best solution to my grievance would be: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Director initial and date of receipt: \_\_\_\_\_

**(Director must notify Corporate Services Director immediately when a disciplinary grievance is filed.)**

Date Corporate Services Director was notified and by whom: \_\_\_\_\_

5/23/2006

**Disciplinary Grievance Form—Director Resolution Page**

(Must respond within five (5) working days of receipt.)

**Proposed Resolution:** \_\_\_\_\_  
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\_\_\_\_\_  
Director Initial/Date

Did this resolve the grievance? \_\_\_\_\_ Yes \_\_\_\_\_ No (Check only one box)

**If YES is checked above, both the employee and the director must date and sign below that both parties agree to the above resolution of the employee grievance and that the matter has been resolved. The director will then forward all documentation pertaining to the Disciplinary Grievance to the Corporate Services Director.**

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Director Signature/Date

**If NO is checked above, the employee is advised that the disciplinary grievance and the director resolution page will be forwarded to the Disciplinary Grievance Review Committee Chairman. The Chairman will call a meeting of the review committee, which will review the grievance and all material pertaining to the disciplinary grievance. This meeting could include interviewing of all parties involved and a thorough review of all documents relating to the issue. The Committee will have five (5) working days from the date the above resolution was initiated by the director to make a recommendation and forward to the Executive Director.**

**By signing and dating below the employee acknowledges that they have been read and understand the disciplinary grievance procedure.**

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Initial/Date

5/23/2006



**Disciplinary Grievance Form—Disciplinary Grievance Review Committee Recommendation Page**  
(Must respond within five (5) working days of receipt.)

Proposed Recommendation: \_\_\_\_\_

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\_\_\_\_\_  
Committee Members Signature/Date

\_\_\_\_\_  
Committee Members Signature/Date

\_\_\_\_\_  
Committee Member Signature/Date

\_\_\_\_\_  
Committee Members Signature/Date

\_\_\_\_\_  
Committee Member Signature/Date

\_\_\_\_\_  
Committee Chair Signature/Date

Forwarded to Executive Director on: \_\_\_\_\_

Executive Director must initial and date the receipt of this form: \_\_\_\_\_

5/23/2006

**Disciplinary Grievance Form—Executive Director Decision Page**

(Must respond within five (5) working days of receipt.)

**Final Decision:** \_\_\_\_\_

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**By signing and dating below the employee acknowledges that they have been advised and received a written response from the Executive Director in regard to the Disciplinary Grievance Form and the recommendation received from the Disciplinary Grievance Review Committee. The Executive Directors decision is final. The final decision concerning this grievance and all information pertaining to the grievance will be forwarded immediately to the Corporate Services Director.**

\_\_\_\_\_  
**Employee Signature/Date**

\_\_\_\_\_  
**Executive Director Signature/Date**

\_\_\_\_\_: Initial/Date Corporate Services Director received all paperwork concerning this grievance.

5/23/2006

### **Adverse Action Appeals:**

An adverse action is a disciplinary or personnel action initiated by the Executive Director that adversely affects an employee's career and/or employment with the agency. An appeal of such action shall be made in writing to the Executive Director utilizing an Adverse Action Appeal Form within ten (10) working days of the action.

1. **Coverage** - any employee who is not on initial orientation or serving in a temporary or substitute position classification may appeal the following adverse action(s):
  - a. Verbal reprimand;
  - b. Written reprimand;
  - c. Disciplinary probation;
  - d. Suspension;
  - e. Involuntary termination;
  - f. Lateral transfers;
  - g. Demotion;
  - h. Change in position classification; or
  - i. Change in rate of pay.

All other disciplinary and personnel actions are subject to the grievance or disciplinary grievance process. 3/24/98

2. **Process**
  - a. **Initial Review** - All appeals will be reviewed by the Executive Director within five (5) working days from the date the appeal is filed. If, after review, the Executive Director finds the action being appealed is justified, he/she will forward the appeal to the Board of Directors' Appeals Committee. If the Executive Director finds the action being appealed is not justified nor warranted, he/she will take appropriate steps to remedy the situation and provide the employee written notification of the remedy on the Adverse Action Appeal Form.
  - b. **Appeals Committee** - Will be comprised of nine (9) members, six (6) of which will be appointed from the Board of Directors by the President of the Board. In the case where an adverse action appeal is from a Head Start employee, two (2) of the six (6) members will be selected from the Policy Council by the Policy Council Chairperson. The President of the Board will serve on the committee in an ex-officio capacity, unless needed to break a tie vote. The eighth member of the committee shall be selected by the appealing employee and will serve as an advisory (non-voting) member as will the ninth (9) member of the committee who shall be selected by the Executive Director. Representatives selected by the appellant and the Executive Director may be from among either the Board of Directors or the staff of the agency. The Appeals Committee shall conduct a review of the action being appealed within ten (10) working days from the date the appeal was filed with the Executive Director. The appeals committee shall make a report of its findings and make a recommendation to the full Board of Directors at its next regularly scheduled bi-monthly meeting. 3/24/98
  - c. **Board Decision** - The Board shall consider the report and recommendation of the Appeals Committee. The decision of the Board shall be final and there shall be no other recourse or appeal within the agency from the Board of Directors.
3. **Violations** - It will be a violation of these policies for any employee or member of the Board of Directors, to interfere with, threaten, coerce, restrain, discharge or otherwise discriminate against any employee or other person because he/she has filed a complaint, given testimony, or otherwise appeared before the Appeals Committee in connection with an adverse appeal or actively participated in the adverse appeal process in an official capacity. Revised 3/24/98
4. **Forfeiture of Rights** - The appealing employee forfeits all adverse action appeal rights upon his/her failure to:
  - a. File the appeal within the required time frame;
  - b. Appear at the Appeals Committee Hearing, and/or;
  - c. Provide, no later than two (2) working days prior to the date of the appeals hearing, the Executive Director with the name of the Board Member or staff member selected to serve on the Appeals Committee.

### **Board of Directors/Head Start Policy Council Impasse**

In the event of an impasse between a vote of the Head Start Policy Council and the OAI Board of Directors, a committee of each governing body composed of the President, Vice-President and Secretary review the action and make a final determination. The group shall elect a temporary chairperson for the purposes of resolving the impasse. Every effort shall be made to reach a decision that can be accepted by both governing bodies, however, in all circumstances, the decision of this special Impasse Committee shall be final. 5/23/00

**Adverse Action Appeal Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Ozark Action, Inc. Personnel Policies and Procedures, Section IX, Subsection E, Pages 3 – 5, I hereby appeal the following adverse action(s):

Check all applicable actions:

_____ Verbal Reprimand	_____ Written Reprimand	_____ Disciplinary probation
_____ Suspension	_____ Involuntary termination	_____ Lateral transfer
_____ Demotion	_____ Change in position Classification	_____ Change in rate of pay

I appeal this action because:

Check all applicable:

\_\_\_\_\_ The reason(s) management based decision on is/are wrong.  
\_\_\_\_\_ The action management has taken is unfair or inappropriate.

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check is additional pages are used and/or if documentation is attached.



(For Executive Director's Use)

Date Received: \_\_\_\_\_ Date of Adverse Action Appeal: \_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

**Adverse Action Appeal Form—Appeals Committee Form**

**Findings and Recommendations:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Do the above findings and recommendations meet with the approval of the OAI Board of Directors as submitted? \_\_\_\_\_ Yes \_\_\_\_\_ No (check only one box)**

**If yes, the decision of the board is final. Please follow the above recommendations for the adverse action appeal and notify the employee this decision and its parameters.**

**If no, please attach in writing the approved final decision made by the full Board. Please follow the attached recommendation that was approved by the full board and notify the employee of this decision and its parameters.**

\_\_\_\_\_  
**Board President**

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

**Please forward a copy of all information regarding the Adverse Action Appeal to the Corporate Services Director.  
5/23/2006**

**Section II: Ozark Action, Inc.  
Complaint and Grievance Procedure  
for  
Clients, Volunteers, Participants, Families and Owners  
(Non-Employees)**



**Reviewed & Approved 3/27/2012(OAI Board) 4/4/2012 (PC); 11/19/2013; 5/6/2015 (PC) and  
5/19/2015 (OAI Board)**

**Developed July 26, 2006; Updated 11/24/2009; 3/27/2012; 11/19/2013; 5/19/2015; 5/17/2016**

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## **Resolution Process**

If a client or the applicant (defined as a person receiving or wishing to receive services from) Ozark Action, Inc. has a grievance that cannot be resolved through discussion with the applicable program staff, they will receive the opportunity to discuss their grievance with the program Director/Executive Director. In the event the Program Director/Executive Director is not immediately available, an appointment will be scheduled for the client and the Program Director/Executive Director to meet within seven (7) business days of the complaint, or within a reasonable time frame as agreed upon between the client and the Program Director/Executive Director. The client will have the alternative option to submit their grievance in writing, and will receive a response from the Program Director/Executive Director within ten business days. The Program Director's/Executive Director's decisions will be considered final on all matters.



## **General Statement**

In any organization people may have problems or concerns about the services received or the program outcome as a participant of Ozark Action, Inc. The agency recognizes this, and has agreed that it will deal with matters fairly and quickly, with the intention of preventing them from developing into major issues. Complaint and Grievance procedures enable individuals to raise issues about services or programs and how they affect them. All complaint and grievance proceedings and records shall be kept confidential.

This Complaint and Grievance Procedure Policy covers volunteers, clients, participants, families and owners that have had or been on any Services or Programs offered by Ozark Action, Inc. and its auspices.

The agency will respond to any complaint or grievance as defined in this policy and mandated by funding sources rules and regulations.

Employees of OAI shall ensure that any complaint or grievance will be dealt with as defined in this policy.

It will be a violation of this policy for any employee, Policy Council Member, Board Member or Funding Source to interfere with, threaten, coerce, restrain, discharge or otherwise discriminate against any claimant or grievant because he/she has filed a complaint or grievance or actively participated in the process in an official capacity.

If after receiving a complaint or grievance and it is found that an employee, Policy Council Member, Board Member or Funding Source has blatantly and illegally went against agency or funding source policy, further action could be taken concerning their association with the agency.

### **Step One:**

It is in the best interest to ensure that any complaint or grievance is dealt with quickly and fairly and at the lowest level possible within the organization at which the matter can be resolved. Most routine complaints and grievances are best resolved informally in discussion with the relevant Program Director for the service or program that is aggrieved.

If any funding sources have specific guidelines for handling complaints and grievances the agency will ensure that staff strictly adheres to these guidelines. OAI programs that have guidelines are HUD, LIHEAP, WIA, and Head Start. If at any time a program or service that OAI receives funding for develops or issues guidelines for complaints and grievances, program directors will ensure that these guidelines are followed and that the Executive Director and Corporate Services Director are notified of those processes for updating information in this policy.

Upon receipt of any complaint or grievance, the receiver will notify the appropriate Program Director or a designated employee of contact for the department. In their absence, the Executive Director will be notified. The Program Director will begin the process according to funding source guidelines if applicable or if no guideline is established they will accept the complaint or grievance and proceed to try to resolve the matter at the department level, notating information into the client file. If this does not resolve the matter, it will then be forwarded to the Executive Director for resolution. After review of the complaint or grievance, the Executive Director will make a final decision in writing. A copy will go to the complainant and a copy will be placed in the client file with all information pertaining to the complaint or grievance. The Corporate Services Director should receive notification of any complaint or grievance for logging purposes and any relevant information pertaining to the complaint or grievance for liability purposes.

## **Step Two:**

Any complaint or grievance received that follows specific funding source guidelines will be adhered to accordingly as follows:

### **Section I. HUD**

#### **A. COMPLAINTS AND APPEALS**

The PHA will respond promptly to complaints by families and owners and will investigate legitimate complaints. A complaint may be filed by telephone to HA staff. Anonymous complaints will be checked if the PHA has reason to believe that the complaint is valid. The owner or tenant will be informed that the PHA has received a complaint and the owner and/or tenant will be asked to supply relevant information to refute the complaint. Anonymous complaints that, in the opinion of the PHA, are nuisance complaints will not be investigated.

#### **B. APPEALS BY APPLICANTS**

Appeals by applicants concerning the PHA determination denying assistance, including denying listing on the waiting list and participation in the program by denying issuance of a Voucher, are resolved by Informal Review as outlined in 24 CFR 882.216(a).

A request for an Informal Review must be made, in writing, by the applicant within 10 days of the date of the PHA's written notification of denial of assistance.

The Executive Director of the West Plains Housing Authority will conduct the Informal Review. This person neither makes nor approves the decision nor approves the decision nor is that person a subordinate of the person making the decision. Written notice will provide a brief explanation of the reasons for the final decision resulting from the Informal Review.

#### **C. APPEALS BY PARTICIPANTS**

Appeals by participants of the PHA's Section 8 Existing Housing Program shall be handled by Informal Hearings as outlined in 24 CFR 882.216 (b).

All requests for Informal Hearings must be made, in writing, within 10 days from the date of the PHA's notification letter. The Executive Director of the West Plains Housing Authority will conduct the Informal Review. This person neither makes nor approves the decision nor is that person a subordinate of the person making the decision. The Section 8 Director must be present at all Informal Hearings. A determination on whether or not applicable rules or regulations were correctly applied to the participant's case and whether information presented at the

Informal Hearing should reverse the original PHA decision will be submitted to the Section 8 Housing Department with a copy to the participant within 14 days of the date of the Hearing.

The PHA shall promptly notify the participant, in writing, if it determines that the PHA is not bound by the EEO Officer's determination. The notification will include the Section 8 Department's reason(s) for that decision.

## **Section II. WORKFORCE DEVELOPMENT**

The department uses state issued forms. If the customer has a complaint, he or she must follow the steps identified in the attached WIOA—Complaint and Grievance Guide for the Missouri One-Stop System provided at the end of this policy

## **Section III. HEAD START**

This procedure was approved by the Ozark Action, Inc. Head Start Policy Council and is reviewed annually.

### **OZARK ACTION, INC. HEAD START PARENT GRIEVANCE PROCEDURE**

#### **A. Purpose:**

The purpose of this document is to clearly define the Ozark Action, Inc. Head Start Program's procedure for the formal processing of grievances that may occur on the part of Head Start Parent/Guardians at all levels of their participation and involvement in the Head Start Program.

To resolve the grievance in the most efficient manner possible, each step should be followed, without bypassing any step(s), unless the grievance is of such a nature that a child may be endangered. If such a situation occurs, the Center Manager and Head Start Director are to be notified immediately.

#### **B. Objective:**

Head Start believes that there must be:

\*Full parent/guardian (5/19/2015) involvement at every level of the program;

\*Recognition that the parents/guardians (5/19/2015) are the principal influence in their children's lives;

\*(Assurance) that a child's Head Start enrollment will not be affected by his or her parent's or guardian's (5/19/2015) grievance.

### **C. Organizational Structure:**

Refer to the Ozark Action, Inc. Head Start Program's Parent/Guardian (5/19/2015) Grievance Procedure Chart to help you determine what to do when you have a concern or grievance with the program.

1. Discuss your concerns immediately with the appropriate staff member. When a problem occurs with a specific staff person, you should talk directly to that person, with the involvement of their supervisor, typically the Center Manager.

If the grievance is not resolved at this level, then:

2. The Center Manager and/or parent/guardian (5/19/2015) informs the Family Services Coordinator (5/19/2015) at the Head Start Management Office of the problem. They will work together to resolve the problem by communicating with all persons involved and examining all documentation that may exist in order to make sure that the information is accurate and complete. They may also consult with other management staff members, if appropriate. Every attempt to resolve the problem at this level will be made. In situations involving personnel issues, all existing Ozark Action, Inc. personnel policies and procedures will be followed.

If the grievance is not resolved at this level, then:

3. The Center Manager and the Family Services (5/19/2015) Coordinator will make a full report to the Head Start Director. The Head Start Director will review the situation and talk with other involved parties as appropriate. The Director will make every attempt to resolve the problem.

In the event that the resolution is not a satisfactory one and negotiations with the parent(s) in regard to the decision fail, then:

4. If the problem is of such nature that all parents/guardians (5/19/2015) should be made aware, provided that the matter is not related to a personnel issue or other confidential issue, the matter will be discussed with the Center (5/19/2015) Committee President (5/19/2015) who will be asked to place the matter on the agenda for the next meeting. The President (5/19/2015) may also call a special meeting if needed.

The Center (5/19/2015) Committee Chairperson and staff should work together to solve the problem. The President (5/19/2015) should invite all persons, including staff involved in the issue, to the meeting. The President (5/19/2015) should also invite management staff members who may be able to provide resources, information, or clarification of the issue(s). The Center (5/19/2015) Committee Secretary must be sure that all facts are recorded in the meeting minutes. A Head

Start staff member may also keep minutes of the meeting for the program's records. Only parents/guardians of the enrolled child(ren) can be present during the discussion. In the event the issue is related to a personnel matter, agency personnel policies and procedures must be followed. Personnel issues and actions are confidential and may not be discussed in an open meeting.

The Center (5/19/2015) Committee Chairperson will discuss the Committee's findings and options with the Head Start Director, and the Chairperson and the Director will try to resolve the issue.

If the grievance is not resolved at this level, then:

5. The Center's Policy Council (PC) Parent Representative (for that class) will refer the issue, in writing, to the Policy Council's Personnel and Grievance Committee and request that a committee meeting be scheduled. Persons wishing to address the Committee, including staff members, involved in the issue will be invited to the committee meeting. Only parents/guardians of the enrolled child(ren) can be present during the discussion. The Head Start Director and other management staff will be present at the meeting to provide input or background information. A joint attempt to resolve the issue will be made.

The Personnel and Grievance Committee will resolve the problem, if possible, and report to the Policy Council for approval. Personnel issues and actions are confidential and may not be discussed in an open meeting.

If the grievance is not resolved at this level, then:

6. The grievance will be forwarded to the Ozark Action, Inc. Executive Director.

If the problem is not resolved at this level, then:

7. The grievance will be forwarded to the Ozark Action, Inc. Board of Directors for final resolution.

## **D. OAI HEAD START PARENT GRIEVANCE PROCEDURE CHART**

- (1) Discuss the problem with the appropriate staff member, with the involvement of their supervisor.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (2) The CM (Center Manager) notifies the Family Services (5/19/2015) Coordinator (FSC). If the situation involves a personnel issue, the CM follows OAI policies. Program management staff will try to resolve the problem directly or through channels.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (3) THE CM and FSC inform the Head Start Director of the situation. The Director attempts to solve the problem.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (4) The Center (5/19/2015) Committee Chairperson is notified and places the issue on the Center (5/19/2015) Committee meeting agenda, provided that the matter is not related to a personnel action or other confidential matter. The President (5/19/2015) should invite all involved persons to the meeting, and the Center Committee should listen to all sides of the issue. Only parents/guardians of the enrolled child(ren) can be present during the discussion. The President discusses the Center Committee's findings and options with the Head Start Director, and they try to resolve the issue.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (5) The problem is referred in writing to the Policy Council's Personnel and Grievance Committee. Only parents/guardians of the enrolled child(ren) can be present during the discussion. The committee attempts to resolve the problem and reports to the Policy Council.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (6) The Policy Council hears the Personnel & Grievance Committee's report, reviews the issue, talks to those involved, and votes on the committee's report.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (7) The matter is referred to the OAI Executive Director.  
IS THE PROBLEM SOLVED?  
YES—END  
NO, then:
- (8) The matter is referred to the OAI Board of Directors for final resolution.  
IS THE PROBLEM SOLVED?  
YES—END

#### **Section IV. CSBG/ECIP**

Step One in Section I of the agency policy will be followed at the local level and if no resolution is received this will go to the funding source for resolution.

#### **Section V. LIHEAP—Fair Hearings**

Step One in Section I of this policy will be followed at the local level and if no resolution is reached the following process will be followed for LIHEAP.

##### **A. Policy:**

Any household applying for or receiving Energy Assistance benefits may appeal to the Director of the Division of Family Services any decision of a Community Action Agency any time that it disagrees with a State agency action.

The household is notified of their hearing rights by an EA-6, Client Notification Card.

The hearing may be a telephone hearing via speakerphone or a face-to-face hearing.

##### **B. Procedures:**

###### **1. Time Period for Requesting a Hearing**

An individual has thirty (30) days from the date of the EA-6, Client Notification Card, to request a hearing.

The decision to deny the hearing request can only be made by the Hearing Officer.

Note: When a claim determination has been registered with CARS, the hearing request must be filed within 30 days of the initial claim notification letter sent by the Energy Assistance Unit.

##### **C. Filing a Request for Hearing**

A request for hearing is defined as any clear expression, oral or written, by the household or its authorized representative, friend, relative, or legal representative that it wishes to present its case to a higher authority. The freedom to make such a request must not be limited or interfered with in any way.

When a household requests a hearing, the CAA designee shall:

Provide the household with four copies of the Application for Hearing Form (IM-87). All four copies should be completed by the household. (Refer to Forms Manual IM-87 and instructions located in the LIHEAP Manual or a copy at the end of this policy). If the hearing request is by telephone, the IM-87 will be completed by the agency office. (Do not send the IM-87 to client for signature.)



State Telephone Hearings will automatically be scheduled in all counties equipped with speaker telephones. Hearings will be rescheduled for those claimants who refuse telephone hearings and the Hearing Officer will come to the county office to conduct the in-person hearing. The request for an in-person hearing is part of the HU-11, notice of State Telephone Hearing. If the agency has a speakerphone, the client should be advised that a state telephone hearing would be scheduled.

The agency must help the household complete the form (IM-87) if requested. If the IM-87 is unsigned by the household, the Hearing Officer may request the signature at the hearing.

Submit the case record with three copies of the form IM-87 and a summary of the pertinent facts to the immediate supervisor. The summary will be a concise statement of two paragraphs or less pointing out the information affecting eligibility and the denial reference supporting the action or plan of action. The summary must always include the date of application, date of action, and basis of action.

Evidence, which is to be presented at the hearing, must be included in the summary. If the decision is based on any budget item, a copy of the EA-1A must be attached to the summary.

When the supervisor receives the IM-87 and the summary, the supervisor will sign the original IM-87 and submit it to the Hearing Officer. A copy of the IM-87 will be sent to the General Counsel and a copy of the IM-87 and case record will be sent to the agency witness within one day from the date the hearing was requested.

The IM-87 should be reviewed to determine if the claimant is to be represented by an attorney.

(If the claimant, after the IM-87 has been sent, informs the agency that they are to be represented by legal counsel or by some other representative not in the household, the Hearing Officer should be notified immediately with the address and telephone number of the representative party.)

When the IM-87, Application for State Hearing, is mailed to the Hearing Officer, a list of the dates when key people would not be available should be attached.

Note: When the EA workers are no longer employed, the agency will be responsible for representing the EA case.

**D. Denial or Dismissal of Request for Hearing**

The State agency shall not deny or dismiss a request for a hearing unless:

The request is not received within the specified time period. The request is withdrawn in writing by the household or its representative. The household or its representative fails, without good cause, to appear at the scheduled hearing. A hearing has previously been held on the exact same issue for this household.

**E. Agency Action Following the Filing of Request for Hearing**

The immediate supervisor will review the case record to determine that agency policy has been followed.

If agency policy has not been followed, the supervisor will take immediate action to correct the error.

If agency policy has been correctly followed, the supervisor will forward the case file to the Family Support Division county office.

**F. Role of the Agency Witness**

The agency witness is the person officially designated to represent the agency in the hearing and has full understanding and authority in seeing that the agency's viewpoint is heard.

**G. Hearing Decision**

Upon receipt of the hearing decision, the agency will follow the recommendation(s) outlined in the hearing decision.

The copy of the hearing decision must remain a permanent part of the case file.

**H. Timely Action on Hearings**

If a claimant requests a hearing within the time limit allowed, the hearing must be held, a decision issued and action taken to carry out the decision within 60 days after the hearing request.

NOTE: For further information and guidelines regarding hearings please refer to the LIHEAP Manual.

## **Section VI. CMS' Incident and Breach Notification Procedures**

If any local, state, and federal funding sources have specific guidelines for handling complaints and grievances, the agency will ensure that staff strictly adheres to these guidelines. If at any time a program or service that OAI receives funding for develops or issues guidelines for complaints and grievances, program directors will ensure that these guidelines are followed and that the Executive Director and Corporate Services Director are notified of those processes for updating information in this policy. Copies of these guidelines are located in each department for employees. The agency website will also provide a link to CMS' Incident and Breach Notification Procedures at [http://www.cms.gov/Research-Statistic-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/RMH\\_VIII\\_7-1\\_Incident\\_Handling\\_Standard.pdf](http://www.cms.gov/Research-Statistic-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/RMH_VIII_7-1_Incident_Handling_Standard.pdf). When an incident or breach of PII has occurred, the agency or consumer can report it to the CMS IT Service Desk by telephone at (410)-786-2580 or 1-800-562-1963 or via email notification at [cms\\_it\\_service\\_desk@cms.hhs.gov](mailto:cms_it_service_desk@cms.hhs.gov) within the required time frames. 11/19/2013

## **Section VII. Complaints and Grievances Not Covered by Funding Source Guidelines**

If a client or the applicant (defined as a person receiving or wishing to receive services from) Ozark Action, Inc. has a grievance that cannot be resolved through discussion with the applicable program staff, they will receive the opportunity to discuss their grievance with the Program Director/Executive Director. In the event the Program Director/Executive Director is not immediately available, an appointment will be scheduled for the client and the Program Director/Executive Director to meet within seven business days of the complaint, or within a reasonable time frame as agreed upon between the client and the Program Director/Executive Director. The client will have the alternative option to submit their grievance in writing, and will receive a response from the Program Director/Executive Director within ten business days. The Program Director's/Executive Director's decisions will be considered final on all matters.

## **Section VIII. Records and Notification to Management**

Records will be kept detailing the nature of the complaint and grievance raised, the employers' response, any action taken and the reasons for it. These records should be kept confidential and retained in accordance with agency policies. Notification will be given to the Executive Director and Corporate Services Director upon receipt and finalization of any complaint and grievance procedure for logging, filing and liability purposes.

Copies of any meeting records will be given to the individual concerned, although in certain circumstances some information may be withheld, for example to protect a witness or in order not to violate any person's confidentiality rights by law.

**Form IM-87 Instruction Sheet**

**See attached page 37 - 39**

**Form IM-87**

**See attached page 40**

**Workforce Investment Act Complaint and Grievance**

**Guide for the Missouri One-Stop System**

**See attached page 41**

## IM-87 Instructions APPLICATION FOR STATE HEARING

**PURPOSE:** To provide a method of applying for a state administrative hearing. This form is to be used by the applicant, recipient, or their representative who is dissatisfied with an action proposed, taken, or not taken on the following programs:

- 1619
- Breast and Cervical Cancer Treatment (BCCT);
- Blind Pension (BP);
- Child Care (CC);
- Child Care Provider (CCP);
- Low Income Home Energy Assistance Program (LIHEAP);
- Emergency Medical for Ineligible Aliens (EMCIA);
- Extended Women's Health Services (EWHS);
- Food Stamps (FS);
- MO HealthNet for Aged, Blind, and Disabled (MHABD);
- MO HealthNet for Aged, Blind, and Disabled - Vendor (MHABD-VEN);
- MO HealthNet for Children in Care (MHCC);
- MO HealthNet for Disabled Child (MHDC);
- MO HealthNet for Families (MHF);
- MO HealthNet for Kids (MHK);
- MOCDD (Sara Lopez Waiver);
- MO HealthNet for Pregnant Women (MPW);
- Presumptive Eligibility (PE);
- Qualified Disabled Working Individuals (QDWI);
- Qualified Medicare Beneficiary (QMB);
- Specified Low-Income Medicare Beneficiaries (SLMB);
- Supplemental Nursing Care (SNC);
- Supplemental Payment (SP);
- Supplemental Security Income (SSI);
- Supplemental Security Income - Supplemental Payment (SSI-SP);
- Supplemental Aid to the Blind (SUPP AB);
- Temporary Assistance (TEMP ASSIST);
- Ticket to Work Health Assurance Program (TWAHA); and
- Uninsured Women's Health Services (UWHS).

**NUMBER OF COPIES AND DISPOSITION:** This form may be completed by the applicant, recipient, their representative, or by FSD personnel on behalf of the claimant/representative. The person requesting the hearing is referred to as the "claimant".

- **Original** - is scanned to a file and e-mailed to the Administrative Hearing Unit Regional Office that serves your county. The original, completed IM-87 is retained in the claimant's case file.
  - The scanned file must be e-mailed to the Administrative Hearing Unit that serves your county office as soon as possible, but no later than the close of business on the next working day following receipt of the hearing request. The e-mail addresses for the Administrative Hearing Unit regional offices are:
    - Jefferson City regional office – [DLS.JCIMHRG@dss.mo.gov](mailto:DLS.JCIMHRG@dss.mo.gov)
    - Kansas City regional office – [DLS.KCIMHRG@dss.mo.gov](mailto:DLS.KCIMHRG@dss.mo.gov)
    - St. Louis regional office – [DLS.STLIMHRG@dss.mo.gov](mailto:DLS.STLIMHRG@dss.mo.gov)
  - This timeframe applies to all program lines.
- **Copy** - If the hearing request is due to a sanction or pending sanction that resulted from a recommendation by the Division of Workforce Development (DWD) or the Missouri Work Assistance (MWA) providers, complete the steps listed below.
  - For Food Stamp hearings, fax a copy of the original IM-87 to the DWD Administration Office at (573) 751-9528, Attention: Sanction Hearing Request. This should be done on the same day that the original IM-87 is scanned and e-mailed to the Administrative Hearing Unit.
  - For Temporary Assistance hearings, fax a copy of the original IM-87 to the MWA provider that services your county. This should be done on the same day that the original IM-87 is scanned and e-mailed to the Administrative Hearing Unit.

**MANUAL REFERENCE:** Chapter X

**INSTRUCTIONS FOR COMPLETION:** FSD staff completes the gray areas and the white areas are completed with the claimant's statements.

**TOP GRAY AREA - COMPLETED BY AGENCY**

**CATEGORY BEING APPEALED:** Print or type in the following information: Enter a check in the box for the category or categories of assistance for which the application for a hearing is being filed. IM EUs are those where any member receives a cash grant or Title XIX.

**DWD/MWA (Only applies to FS and/or Temporary Assistance cases):** Check either yes or no if the hearing request is due to a sanction that resulted from a recommendation by the Division of Workforce Development (DWD) or the Missouri Work Assistance (MWA) providers. If yes, complete Sanctioned Individual and SSN of Sanctioned Individual. Check this box for sanction hearings in which DWD or MWA providers have reported non-compliance.

**DO NOT check the DWD/MWA box for hearings on ABAWD issues.**

**SANCTIONED INDIVIDUAL (for DWD/MWA hearing):** List the name of the individual who is sanctioned or is proposed to be sanctioned. This individual may not be the head of the household for the assistance program. DWD and MWA staff utilize this field to identify the individual who is sanctioned or is proposed to be sanctioned.

**SSN OF SANCTIONED INDIVIDUAL (for DWD/MWA hearing):** Enter the Social Security Number of the individual who is sanctioned or is proposed to be sanctioned.

**CASE NAME:** Enter the name of the head of the household receiving the assistance for which the hearing is requested.

**CASE DCN:** Enter the Departmental Client Number (DCN) of the head of the household receiving the assistance for which the hearing is requested.

**SUPERCASE NUMBER:** If the case is in FAMIS, enter the Supercase Number (SCN) of the head of the household receiving the assistance for which the hearing is requested.

**COUNTY:** Enter the county in which the claimant resides.

- If county has multiple offices, identify which office is involved.
- For counties that have reorganized and the office of claimant's county of residence is a DSS Resource Center, enter the Resource Center's information.
- The Administrative Hearing Unit uses this field to identify which AHU office will conduct the hearing.
- Administrative hearings are scheduled in the claimant's county of residence.

**CLAIMANT IS APPEALING:** Enter a check to indicate the type of action being appealed. If "other" is marked, enter the action being appealed in the **REASON FOR PLANNED ACTION OR DECISION BY AGENCY** field.

**DATE OF ACTION NOTICE FOR WHICH HEARING IS REQUESTED:** Enter the date of the action being appealed, if applicable. In most instances there will be an action notice. There will not be an action notice in some instances; such as: a delay on a case or if the applicant or recipient feels s/he was not given the opportunity to apply for benefits/services.

In FAMIS, action notices include, but are not limited to, one (or more) of the following:

- CD-150 CD Child Care Action Notice
- FA-150 Claimant Action Notice
- FA-410 Medicaid Adverse Action Notice
- FA-411 Medicaid Pre-Closing Notice
- FA-420 Adult MO HealthNet Adverse Action Notice
- FA-450 Medicaid Action Notice
- FA-510 Adverse Action Notice

**DATE HEARING REQUESTED:** Enter the date the claimant has said in person or over the phone s/he wishes to request a hearing. It is also the date on which the agency receives a request in writing by mail, fax, e-mail, or dropped off.

**REASON FOR PLANNED ACTION OR DECISION BY AGENCY:** Enter a brief statement of the proposed action by the agency or the action already taken by the agency and the basis for this action.

**WHITE AREA - COMPLETED BY THE CLAIMANT**

If the claimant requests the hearing in person, s/he or his/her representative completes this section of the form, if they are able to do so. FSD staff may also complete this section of the form by entering the claimant's or representative's statements.

If the hearing request is received by fax or mail, submit a copy of the claimant's written request with the scanned copy of the IM-87 that is e-mailed to the Administrative Hearing Unit.

**NAME OF THE PERSON REQUESTING THIS HEARING:** This may be the head of household, a household member, or an authorized representative. Enter the individual's first name, middle name or initial and last name.

**TELEPHONE NUMBER:** Enter the claimant's telephone number.

**HOUSEHOLD MAILING ADDRESS:** Enter the claimant's complete mailing address.

**STATE PLAINLY THE REASON YOU ARE REQUESTING A HEARING:** Enter the claimant's or representative's statement as to why s/he wants a hearing. If the request is received by fax or mail, submit a copy of the written request with the scanned copy of the IM-87 that is e-mailed to the Administrative Hearing Unit.

**FOOD STAMP, TEMPORARY ASSISTANCE AND/OR MO HEALTHNET RECIPIENTS:** Explain this section to the claimant or representative. If the claimant is a Food Stamp or Temporary Assistance (TA) recipient, s/he chooses whether or not to continue to receive benefits at the level before the appealed action, while the hearing is pending. Enter a check in the appropriate box.

**CLAIMANT'S REPRESENTATIVE - NAME:** If applicable, enter the name of the claimant's representative or attorney.

**REPRESENTATIVE TELEPHONE NUMBER:** If applicable, enter the telephone number of the claimant's representative.

**CLAIMANT'S REPRESENTATIVE - ADDRESS:** If applicable, enter the complete address of the claimant's representative.

**CLAIMANT'S SIGNATURE (OR SIGNATURE OF CLAIMANT'S REPRESENTATIVE):** The claimant or his/her representative signs the form. If the claimant or his/her representative is not present, FSD staff should enter notations such as: "Claimant requested hearing by phone (or mail, fax, etc.). The Hearing Officer may request that the claimant or his/her representative sign the form at the hearing.

**DATE:** Enter the date the claimant or his/her representative or a FSD staff member completes the IM-87.

**BOTTOM GRAY AREA - COMPLETED BY AGENCY**

**ELIGIBILITY SPECIALIST SCHEDULE & SCHEDULED TIME OFF:** Enter the normal daily work schedule and any upcoming scheduled time off for the FSD Eligibility Specialist who will be serving as agency witness for this hearing request. The Administrative Hearing Unit uses the information contained in this portion of the IM-87 when scheduling hearings.

**DATE HEARING REQUEST SUBMITTED TO HEARINGS UNIT:** Enter the date the IM-87 is scanned to a file and e-mailed to the Administrative Hearing Unit.

**DATE EXHIBITS OR FOLLOW-UP DOCUMENTS MAILED TO HEARINGS UNIT:** Enter the date that exhibits/follow-up documents are mailed to the Administrative Hearing Unit.

**SIGNATURE OF ELIGIBILITY SPECIALIST:** The eligibility specialist signs the form.

**SIGNATURE OF SUPERVISOR:** The supervisor reviews the information and signs the form.

**DATE IM-87 RECEIVED BY HEARINGS UNIT:** The Administrative Hearing Unit completes this section with the date the form is received.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**APPLICATION FOR STATE HEARING**

<b>1. CATEGORY BEING APPEALED</b> <input type="checkbox"/> 1619 <input type="checkbox"/> LIHEAP <input type="checkbox"/> MHABD-VEN <input type="checkbox"/> MOCDD (Gara Lopez/Walter) <input type="checkbox"/> S LMB <input type="checkbox"/> SUPP AB <input type="checkbox"/> BCCT <input type="checkbox"/> EMCI/A <input type="checkbox"/> MHCC <input type="checkbox"/> MP/W <input type="checkbox"/> SNC <input type="checkbox"/> TEMP ASSIST <input type="checkbox"/> BP <input type="checkbox"/> BWHS <input type="checkbox"/> MHDC <input type="checkbox"/> PE For Kids/Pregnant Women <input type="checkbox"/> SP <input type="checkbox"/> TWHA <input type="checkbox"/> CC <input type="checkbox"/> FS <input type="checkbox"/> MHF <input type="checkbox"/> Q DMI <input type="checkbox"/> SSI <input type="checkbox"/> UWHS <input type="checkbox"/> CCP <input type="checkbox"/> MHABD <input type="checkbox"/> MHK <input type="checkbox"/> Q MB <input type="checkbox"/> SSH-SP <input type="checkbox"/> OTHER					
<b>2. DWD/MMAA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>3. SANCTIONED INDIVIDUAL (FOR DWD/MMAA HEARING)</b>		<b>4. SSN OF SANCTIONED INDIVIDUAL (DWD/MMAA HEARING)</b>	
<b>5. CASE NAME</b>		<b>6. CASE DCN</b>	<b>7. SUPERCASE NUMBER</b>	<b>8. COUNTY</b>	
<b>9. CLAIMANT IS APPEALING (CHECK ONE)</b> <input type="checkbox"/> REJECTION <input type="checkbox"/> GRANT AMOUNT/ASSURANCE <input type="checkbox"/> CLOSING <input type="checkbox"/> DELAY <input type="checkbox"/> OTHER			<b>10. DATE OF ACTION NOTICE FOR WHICH HEARING IS REQUESTED</b>		<b>11. DATE HEARING REQUESTED</b>
<b>12. REASON FOR PLANNED ACTION OR DECISION BY AGENCY</b>					
<b>COMPLETED BY CLAIMANT</b>					
<b>13. NAME OF THE PERSON REQUESTING THIS HEARING (REFERRED TO AS CLAIMANT)</b>				<b>14. TELEPHONE NUMBER</b>	
<b>15. HOME/WORK MAILING ADDRESS (STREET, RURAL ROUTE, OR P.O. BOX, CITY, STATE, ZIP CODE)</b>					
STATE OF MISSOURI, I hereby make application for a hearing provided by state law or department regulations.					
<b>16. CLAIMANT: STATE PLAINLY THE REASON YOU ARE REQUESTING A HEARING.</b>					
<b>17. FOOD STAMP, TEMPORARY ASSISTANCE AND/OR MO HEALTHNET RECIPIENTS</b>  If you are still certified for Food Stamps (FS), receiving Temporary Assistance (TA) and/or MO HealthNet, you may choose to continue receiving benefits while your hearing is pending. If the hearing decision shows that the plan to reduce your benefits or close your case was correct, you or your household will be responsible for repaying the amount of benefits you received and were not entitled to receive while your hearing was pending. If you elect to discontinue receiving benefits while your hearing is pending and the hearing decision is ruled in your favor, any lost benefits will be restored to you.			<b>COMPLETED BY AGENCY</b>		
Please check one of these boxes:			<b>18. ELIGIBILITY SPECIALIST SCHEDULE &amp; SCHEDULED TIME OFF:</b> ELIGIBILITY SPECIALIST'S NAME:		
<b>19. I wish to continue receiving</b> <input type="checkbox"/> FS <input type="checkbox"/> TA <input type="checkbox"/> MO HealthNet while my hearing is pending.			<b>NORMAL DAILY WORK SCHEDULE:</b>		
<b>20. I do not wish to continue receiving</b> <input type="checkbox"/> FS <input type="checkbox"/> TA <input type="checkbox"/> MO HealthNet while my hearing is pending.			Monday . . . . . to Tuesday . . . . . to Wednesday . . . . . to Thursday . . . . . to Friday . . . . . to		
<b>21. CLAIMANT'S REPRESENTATIVE NAME</b>			<b>22. REPRESENTATIVE TELEPHONE NUMBER</b>		
<b>23. CLAIMANT'S REPRESENTATIVE ADDRESS</b>					
<b>24. CLAIMANT'S SIGNATURE (OR SIGNATURE OF CLAIMANT'S REPRESENTATIVE)</b>				<b>25. DATE</b>	
<b>COMPLETED BY AGENCY</b>					
<b>26. DATE HEARING REQUEST SUBMITTED TO HEARINGS UNIT</b>			<b>27. DATE EXHIBITS OR FOLLOW-UP DOCUMENTS MAILED TO HEARINGS UNIT</b>		
<b>28. SIGNATURE OF ELIGIBILITY SPECIALIST</b>			<b>29. DATE REQUEST RECEIVED BY HEARINGS UNIT</b>		
<b>30. SIGNATURE OF SUPERVISOR</b>					

MO 886-0151 (10/2011)

DATE REBUT ETO: HEARING OFFICER; CASE RECORD; AGENCY WITNESS (I.E. DWD/MMAA STAFF)

RETAIN 36 MONTHS #8-27 (10/2011)



# Delete.

## DISCRIMINATION COMPLAINTS

The recipient must not discriminate in any of the following areas:

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

## RELIGIOUS ACTIVITIES

Participants who believe that they are being employed in violation of any WIA religious activity prohibition may file a complaint in the same manner and subject to the same procedures as in the section, "What To Do If You Believe You Have Experienced Discrimination."

## NON-WIA REMEDIES

In any case where the alleged violation of the Act or regulations is also an alleged violation of another law, nothing in this process shall prohibit an individual or an organization from filing a complaint or grievance with the appropriate authority under that law.

## APPEALS PROCESS

The state or local EO officers will provide detailed information about the process to submit appeals. All requests for appeals must be filed within 60 days of the receipt of the decision being appealed.

*A complaint cannot be processed as both a program complaint and a discrimination complaint. A discrimination complaint includes as a basis for mistreatment, one of the prohibited factors: race, color, national origin, sex, religion, age, disability, political affiliation or belief or, for participants, participation in any WIA Title I program or activity or citizenship.*

## ALTERNATIVE DISPUTE RESOLUTION (ADR) MEDIATION PROCESS

During the initial 90 day processing period complainants may voluntarily elect Alternative Dispute Resolution (ADR), a more flexible, less adversarial means of resolving discrimination complaints. See local or state EO Officer for details.

## CRIMINAL COMPLAINTS

Complainants alleging fraud, abuse, waste or criminal activity must be reported immediately to the Department of Labor, Office of Inspector General-Investigations, Room S5514, 200 Constitution Avenue NW, Washington, DC 20510-55514, or the corresponding Regional Inspector General for Investigations, with a copy simultaneously provided to the Employment and Training Administration. The hotline number for information and reporting is 800.347.3756. The required incident report forms are available from either the program operator or the Division of Workforce Development (DWD). Program operators must simultaneously notify DWD of the filing of any incident report with the Office of Inspector General.

## PROHIBITION AGAINST REPRISAL

The LWIA and its divisions or any organization or agency within, is prohibited from retaliation against a complainant or individual associated with or participating in a complaint filed or caused to be instituted proceedings under or relating to the Act, has testified or is about to testify in proceedings or has provided information or assisted in an investigation. The sanctions and penalties contained in Section 188 of WIA or the regulations will be imposed against any recipient that engages in any such retaliation or intimidation, or fails to take appropriate steps to prevent such activity.

## EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- 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 the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship status as a lawfully admitted permanent resident or alien lawfully authorized to work in the United States or his or her participation in any WIA Title I - financially assisted program or activity.

## CONFIDENTIALITY OF INFORMATION

The identity of any person who has furnished information relating to or assisting in the investigation of a possible violation of the Act shall be kept confidential to the extent possible, consistent with the need to conduct a fair review of the issues.

For further information or assistance, please telephone or write to the contact persons listed below.

Contact Name

Program Operator

Address

City

State  Zip

Phone

E-Mail

Auxiliary aids and services are available upon request to individuals with disabilities.

Alternate formats for non-English speaking individuals available upon request.

The Missouri Division of Workforce Development is an Equal Opportunity Employer/Program.

DWD-100 (8/07) AWP

## Acknowledgement of Receipt

I have received a copy of the Workforce Investment Act of 1998 (WIA) Complaint/ Grievance Procedure pamphlet, have been given an opportunity to ask questions and by my signature below, I declare that I fully understand the procedure.

Date

Signature

Signature of Staff Inmate Applicant

**EQUAL OPPORTUNITY IS THE LAW**  
It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- 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 the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship status as a lawfully admitted permanent resident or alien lawfully authorized to work in the United States or his or her participation in any WIA Title I - financially assisted program or activity.

## INTRODUCTION

This brochure describes the complaint processing procedures required for all Workforce Investment Act Title I - financially assisted grant recipients/service providers. Any person who believes that either he or she, or any specific class of individuals, has been, or is being subjected to discrimination prohibited by the Workforce Investment Act (WIA), may file a written complaint, either by him/herself or through a representative. It is important to recognize that under the One-Stop system introduced by WIA, various programs and activities that are authorized by Federal laws other than WIA may be part of a One-Stop delivery system that also provides WIA Title I - financially assisted programs and activities. In such cases, any individual who receives aid, benefits, services or training from the One-Stop system is a participant for the purposes of the nondiscrimination and equal opportunity provisions of WIA. The Workforce Investment Act (WIA) permits program operators, contractors, grantees, sub-grantees, sub-recipients, sub-contractors and any other interested party to file grievances about Title I - financially assisted programs or activities using the procedure described within.

## PROGRAM COMPLAINTS

The Workforce Investment Act allows for a process for resolution of grievances and complaints from participants and other interested parties affected by the local Workforce Investment System, including One-Stop partners and service providers. If you believe you have been unjustly denied any benefit or service allowed under the Workforce Investment Act (WIA) or have reason to believe any of the following situations has occurred: a violation of the Act, Federal regulations, as well as, those arising from actions such as state-level audit findings or disallowance, or the imposition of sanctions taken by the Governor with respect to state audit findings, investigations, or monitoring reports, the Workforce Investment Act requires that statewide program operator procedures (Steps 1 and 2) must first be exhausted before a complaint may be escalated to the State Division of Workforce Development (DWD). Likewise, State level procedures must be exhausted before escalating a complaint to the U.S. Department of Labor except in complaints alleging discrimination. For all non-employment related grievances or if a participant is unable to satisfactorily resolve any employment related grievance with his/her employer, the participant must utilize the procedure contained in this brochure to seek further resolution.

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DWD-100 2/8/07

During orientation, participants are informed whether they will file any employment-related complaint through their employer's grievance procedures or the program operator's procedures, as described in Step 1 and 2. If the employer's procedure is used, the time frames and steps contained therein will be adhered to.

## STEP 1

The complainant will file the grievance in writing with the program operator. The program operator has seven (7) days from the date the written grievance is received to investigate and provide a written decision to the complainant, respondent and local EO Officer.

## STEP 2

If the decision fails to satisfactorily resolve the grievance, the complainant has five (5) days from the receipt of the program operator's decision to present a written request for an impartial hearing and review of the decision. The program operator must ensure that a qualified hearing officer conducts an impartial hearing, within thirty (30) days of the original receipt of the written grievance. The complainant and respondent (if not the program operator) will be provided a written notice of the date, time and place of the hearing and all parties will have the opportunity to present evidence and to be represented by an attorney or other individual of his/her choice.

The qualified hearing officer is to present a written decision to the program operator, who in turn, issues a decision to the complainant/respondent. In any case, the program operator must issue a written decision within sixty (60) days of the original receipt of the written grievance. If the decision fails to satisfactorily resolve the grievance, a party to the grievance may request a State review under the procedures outlined in Step 3.

## STEP 3

To request a State review, the disappointed party must submit its request, in writing, to:  
**Division of Workforce Development (DWD)**  
**WIA Equal Opportunity**  
**421 E. Durkin, P.O. Box 1087**  
**Jefferson City, MO 65102-1087**

This request must be received by DWD not more than ten (10) days after the disappointed party received the written decision from the program operator or, if no decision was rendered, within fifteen (15) days of the date the decision should have been received. The review process by DWD may be conducted by DWD staff, an impartial hearing or by any other means of independent review or investigation. DWD will provide a written final decision to the parties within sixty (60) days of the date the request is received.

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The Missouri Division of Workforce Development is an Equal Opportunity Employer/Program.



DWD-100 2/8/07

## WORKFORCE INVESTMENT ACT

# Complaint and Grievance Guide

## for the MISSOURI ONE-STOP SYSTEM



**MISSOURI Career Center**  
Where talent and opportunities meet

## WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

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

**Janita Davis Reynolds, State WIA, Equal Opportunity Officer**  
Missouri Department of Economic Development  
Division of Workforce Development  
421 E. Durkin, P.O. Box 1087  
Jefferson City, Missouri 65102-1087  
Phone: 573.751.2428 Fax: 573.751.4088  
Missouri TTY User: 800.735.2966 or 711  
[www.ded.mo.gov/wid/eo.htm](http://www.ded.mo.gov/wid/eo.htm)

OR  
The Director, Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210  
Voice: 202.693.6502 TTY: 202.693.6515

*A complaint may file a complaint by completing and submitting the Discrimination Complaint Information and Privacy Act Consent Forms, which may be obtained either from the State or local Equal Opportunity Officer or by contacting the U.S. Department of Labor's Civil Rights Center at the address listed above.*

*If you file your complaint with the Division of Workforce Development (DWD), you must wait either until DWD issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).*

*If DWD does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for DWD to issue that Notice before filing a complaint with the CRC. 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 DWD). Complaints must be filed within 180 days of the date of the alleged discrimination, unless the limit is extended by the Director of CRC for good cause shown.*

*If DWD 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 the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.*



Missouri Department of Economic Development  
Missouri Division of Workforce Development (DWD)

**WORKFORCE INVESTMENT ACT (WIA)**

**PROGRAM COMPLAINT & GRIEVANCE NOTICE**

WIA regulations require each state to establish a procedure for grievances and complaints received from participants being served by the workforce investment system. To seek formal resolution, you must first file your complaint locally. This process is intended to allow for a resolution of the issue at the most local level.

You must start the process by submitting your complaint within your local workforce system, either through your local One-Stop Career Center or local Workforce Investment Board (WIB).

You have up to 1 year to file a grievance. DWD encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIA Complaint Form.

The complaints should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff's help takes care not to alter the language of the complaint. When a written complaint is received, the employee taking the complaint should review it immediately to insure completeness. Cases should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIA Complaint Form. The grievance should include the following:

1. Full name, phone number and address of person making complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s);
4. Statement of how you would like the matter to be resolved;
5. Any applicant, employee, participant, service provider, program recipient or other interested party may file a complaint alleging a violation of local WIA programs, agreements or WIB policies and activities.

Within 60 calendar days of filing your grievance, WIA requires the local area to provide a formal hearing. If the issue is not resolved informally prior to the hearing, if you find the local hearing decision unsatisfactory, or if the local area does not respond to you in the allotted 60 days, you will have the opportunity to file a request for review by the State. At the State level, WIA requires a no opportunity for an informal resolution and hearing to be completed within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal, WIA allows for a formal appeal to the U.S. Department of Labor (USDOL). Redress appeals must be made within 60 calendar days of the receipt of the decision to be appealed. USDOL will make a final decision no later than 120 days after receiving a formal appeal. USDOL will only investigate grievances and complaints arising through the established procedures. WIA does not allow for federal intervention until the formal procedure has been followed.

**CONTACTS**

Local WIA Grievance Officer:

Shawna Watson Riley

Equal Opportunity Officer/ Customer Service Manager

Full Employment Council, Inc.

1740 Paseo, Kansas City, MO 64108

Phone: 816.691.2288 or

Customer Service Hotline: 1.888.828.0086

Email: [sriley@efcck.org](mailto:sriley@efcck.org)

State of MO Division of Workforce Development  
Denise Smith, WIA Complaints and Grievance Officer

421 E. Dunkin PO Box 1037

Jefferson City, MO 65101

Phone: 573.731.2428 Fax: 573.731.4088

Email: [Denise.Smith@dwd.mo.gov](mailto:Denise.Smith@dwd.mo.gov) or

[DWDComplaintsandgrievances@dwd.mo.gov](mailto:DWDComplaintsandgrievances@dwd.mo.gov)

Missouri 7-11 Relay Services Available

ETA Regional Administrator: U.S. Department of Labor

Employment and Training Administration

Attention: WIA Complaints and Grievance Unit

230 South Dearborn Street, 6th Floor

Chicago, IL 60604

Missouri Division of Workforce Development an Equal Opportunity Employer  
Program. An Equal Opportunity Employer and a provider of services and activities to individuals with disabilities. Missouri TTY Users call 1-800-735-2966 or dial 711.

DWD-1212014-08 WIA-PG06h



**Grievance Timeline**

Step 1: Local review from the local workforce investment system file

Step 2: Local review must be resolved or formal resolution sought + 10 Days of calendar filing date

Step 3: Local review must be resolved or formal resolution sought + 20 Days from filing date of complaint or resolved under informal process

Step 4: Local review must be resolved or hearing sought + 45 from filing date

Step 5: Local review must be resolved or final decision sought + 60 Days from when the complaint was filed

Step 6: If the complainant is not satisfied, an appeal letter to be filed with the Division of Workforce Development. A final decision will be issued within 60 days from when the appeal was filed. You may file your appeal by writing directly to the State WIA Complaints and Grievance Office.

Step 7: If the complainant is not satisfied, they may file with USDOL within 60 days from receiving DWD's final decision or by filing directly to the ETA Regional Administrator, U.S. Department of Labor.

This information was provided in the following language/ format:

English  Spanish  Other Language: \_\_\_\_\_  
 Alternate Format: \_\_\_\_\_

Check the ONE which is applicable, print name, sign and date:

Applicant/Employee:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Participant:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Training Provider of Worksite:

\_\_\_\_\_  
Print Organization Name

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Missouri Division of Workforce Development an Equal Opportunity Employer  
Program. An Equal Opportunity Employer and a provider of services and activities to individuals with disabilities. Missouri TTY Users call 1-800-735-2966 or dial 711.

DWD-1212014-08 WIA-PG06h

