



**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; **5/23/2017**

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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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Section I--Ozark Action, Inc.
Employee Grievance and Adverse Action Appeal
Procedures and Forms
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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 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: _____

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: _____

 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 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: _____

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

I believe the best solution to my appeal would be: _____

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: _____

_____.

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 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: _____

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: _____

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: _____

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. | Kay <u>Mead</u> | CSBG Department |
| 2. | Vicky Callahan | CSBG Department |
| 3. | Cindy Cooper-Cowens | WIOA Department |
| 4. | Christa Johnson | CSBG Department |
| 5. | Lisa Vigdal | CSBG Department |
| 6. | Amy Foster | Administration Department |
| 7. | Jim Collins | WX/HUD Department |
| 8. | Holly Tucker | Head Start Department |
| 9. | Betsy Alaimo | Head Start Department |
| 10. | <u>Angie Kinder</u> | Head Start Department |

Chair—Sheryl Roberts

OAI Policies state there will be five individuals on this list. 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 to review 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;
5/23/2017**

DISCIPLINARY GRIEVANCE FORM

Employee: _____ Date Filed: _____

Position Title: _____

Director: _____

Explain Grievance in Detail: _____

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: _____

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 initialed 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: _____

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: _____

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 **shall** review the action. 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.

If the impasse remains unresolved, the agency will contact the Missouri Community Action Network (MO-CAN) and request one or three arbitrators be sent to resolve the impasse. The results of the arbitration shall be final.
5/23/00; 1/23/07; OAI Board 5/23/2017; PC 3/14/17

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: _____

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); OAI Board 5/23/2017; PC 9/2017

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**Section II: Clients, Volunteers, Participants, Families and Owners
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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/InformationsSecurity/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 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 (TWH); 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
 - Kansas City regional office – DLS.KCIMHRG@dss.mo.gov
 - St. Louis regional office – 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

1. CATEGORY BEING APPEALED <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"/> EMCIA <input type="checkbox"/> MHCC <input type="checkbox"/> MPW <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"/> SSI-SP <input type="checkbox"/> OTHER					
2. DWD/MWA <input type="checkbox"/> Yes <input type="checkbox"/> No		3. SANCTIONED INDIVIDUAL (FOR DWD/MWA HEARING)		4. SSN OF SANCTIONED INDIVIDUAL (DWD/MWA HEARING)	
5. CASE NAME		6. CASE DCN	7. SUPERCASE NUMBER	8. COUNTY	
9. CLAIMANT IS APPEALING (CHECK ONE) <input type="checkbox"/> REJECTION <input type="checkbox"/> GRANT AMOUNT/ASSURANCE <input type="checkbox"/> CLOSING <input type="checkbox"/> DELAY <input type="checkbox"/> OTHER			10. DATE OF ACTION NOTICE FOR WHICH HEARING IS REQUESTED		11. DATE HEARING REQUESTED
12. REASON FOR PLANNED ACTION OR DECISION BY AGENCY					
COMPLETED BY CLAIMANT					
13. NAME OF THE PERSON REQUESTING THIS HEARING (REFERRED TO AS CLAIMANT)				14. TELEPHONE NUMBER	
15. HOME/WORK MAILING ADDRESS (STREET, RURAL ROUTE, OR P.O. BOX, CITY, STATE, ZIP CODE)					
STATE OF MISSOURI, I hereby make application for a hearing provided by state law or department regulations.					
16. CLAIMANT: STATE PLAINLY THE REASON YOU ARE REQUESTING A HEARING.					
17. FOOD STAMP, TEMPORARY ASSISTANCE AND/OR MO HEALTHNET RECIPIENTS 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.			COMPLETED BY AGENCY		
Please check one of these boxes:			18. ELIGIBILITY SPECIALIST SCHEDULE & SCHEDULED TIME OFF: ELIGIBILITY SPECIALIST'S NAME:		
19. I wish to continue receiving <input type="checkbox"/> FS <input type="checkbox"/> TA <input type="checkbox"/> MO HealthNet while my hearing is pending.			NORMAL DAILY WORK SCHEDULE:		
20. I do not wish to continue receiving <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		
21. CLAIMANT'S REPRESENTATIVE NAME			22. REPRESENTATIVE TELEPHONE NUMBER		
23. CLAIMANT'S REPRESENTATIVE ADDRESS					
24. CLAIMANT'S SIGNATURE (OR SIGNATURE OF CLAIMANT'S REPRESENTATIVE)				25. DATE	
COMPLETED BY AGENCY					
26. DATE HEARING REQUEST SUBMITTED TO HEARINGS UNIT			27. DATE EXHIBITS OR FOLLOW-UP DOCUMENTS MAILED TO HEARINGS UNIT		
28. SIGNATURE OF ELIGIBILITY SPECIALIST			29. DATE REQUEST RECEIVED BY HEARINGS UNIT		
30. SIGNATURE OF SUPERVISOR					

MO 886-0151 (10/2011) DISTRIBUTE TO: HEARING OFFICER; CASE RECORD; AGENCY WITNESS (I.E. DWD/MWA STAFF) RETAIN 36 MONTHS #82 (10/2011)



Missouri Department of Economic Development
Missouri Division of Workforce Development

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 a 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.

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 complainant 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 shall take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to insure completeness. Care 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, telephone number and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s)
4. A statement of how you would like the matter to be resolved (e.g. if the agency finds in your favor what you would like to see happen or to receive);
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 LWIB policies and activities.

You may file your grievance with the LWIA Grievance Officer at:

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 an 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 (DOL). Federal appeals must be made within 60 calendar days of the receipt of the decision being appealed. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL 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.

Missouri Division of Workforce Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

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Grievance Timeline

- Step 1:** Initial review from the local entity or establish a complaint file.
- Step 2:** Local entity must provide an informal resolution within 10 days of complaint filing date.
- Step 3:** Local entity must provide a formal resolution within 20 days from filing date if complaint is not resolved under informal process.
- Step 4:** Local Entity must provide a hearing within 45 days from filing date.
- Step 5:** Local entity must provide a final decision within 60 days from when the complaint was filed.
- Step 6:** If Complainant is not satisfied and appeal can be filed with the Division of Workforce Development. A final decision will be provided within 60 days from when the appeal was filed. You may file your appeal by writing directly to:

State of Missouri Division of Workforce Development
 WIA Complaint and Grievance Officer
 Danielle Smith
 421 E. Dunklin P.O Box 1087
 Jefferson City, MO 65101
 Telephone: (573) 751-2428 or Fax: (573)751-4088
 Email: danielle.Smith@ded.mo.gov or
 Email: DWDComplaintsandgrievances@ded.mo.gov
 Missouri 7-1-1 Relay Services Available

Step 7: If the Complainant is not satisfied, he or she may file with USDOL within 30 days from receiving DWD's final decision. You may file your appeal directly to:

ETA Regional Administrator:
 U.S. Department of Labor
 Employment and Training Administration
 Attention: WIA Complaint and Grievance Unit
 230 South Dearborn street
 6th Floor
 Chicago, Illinois 60604

This information was provided in the following language/format:

English Spanish Other Language (Specify): _____ Alternate Format (Specify): _____

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

Applicant/Employee:

Print Name	Signature	Title	Date
<input type="checkbox"/> Participant:			

Print Name	Signature	Title	Date
<input checked="" type="checkbox"/> Training Provider/Worksite:			

OZARK ACTION, INC.

Print Organization Name	Representative's Signature	Title	Date

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Missouri Department of Economic Development
Missouri Division of Workforce Development

Programa de la ley de inversión en la fuerza laboral (WIA, por su sigla en inglés) Notificación de quejas y denuncias

Las normas del WIA requieren que cada estado establezca un procedimiento para quejas y denuncias por parte de los participantes atendidos por el sistema de inversión en la fuerza laboral. Para pedir una resolución formal, usted debe presentar su queja en la oficina local. Este proceso pretende permitir que las resoluciones de los problemas se generen a nivel local.

El proceso se debe comenzar presentando su queja al sistema de fuerza laboral local, ya sea por medio del centro laboral de su localidad o por el consejo de inversión de fuerza laboral (LWIB en inglés) de su localidad.

Usted tiene hasta 1 año para presentar su denuncia. La División del Desarrollo de la Fuerza Laboral (DWD) recomienda resoluciones informales antes de presentar la queja por escrito. Si el demandante no está satisfecho con la resolución informal, se recomienda completar el formulario general de quejas del WIA.

Se debe permitir que el demandante tenga suficiente tiempo y asistencia técnica para proveer una explicación escrita completa y clara en su formulario de quejas. Si el demandante no puede escribir, el personal puede transcribir sus palabras en el formulario; el personal debe procurar no alterar el lenguaje del demandante. Cuando se recibe una queja por escrito, el empleado que reciba la queja deberá revisarla inmediatamente para asegurarse de que esté completa. Se debe tomar cuidado al revisar que toda la información a continuación esté presente, especialmente si la queja no es presentada en un formulario general de quejas del WIA. La denuncia debe incluir lo siguiente:

1. Nombre completo, número de teléfono y dirección de la persona que presenta la queja;
2. Nombre completo y dirección del demandado; y
3. Una declaración de los hechos (incluyendo fechas) que constituyen la(s) presunta(s) violación(es);
4. Una declaración de cómo le gustaría que se resolviera el problema (ej. Si la agencia le da el favor, que le gustaría recibir o ver como resultado);
5. Cualquier solicitante, empleado, participante, proveedor de servicios, receptor de programa, u otra entidad puede presentar una queja que denuncie una violación de los programas o acuerdos del WIA locales o de las actividades y políticas del LWIB.

Usted puede presentar su denuncia al oficial de quejas del LWIA en:

Dentro de 60 días de haber presentado su denuncia, el WIA requiere que su área local proporcione una audiencia formal, si el problema no se resuelve de forma informal antes de la audiencia. Si no está satisfecho con la decisión de la audiencia local, o si el área local no le responde dentro de los 60 días, usted tendrá la oportunidad de presentar una petición para que sea revisada por el Estado. A nivel del Estado, el WIA requiere que haya una oportunidad para resolver el conflicto de forma informal y que la audiencia se complete dentro de los 60 días después de haber presentado la petición. Si el Estado no responde dentro de 60 días, o si una de las partes desea apelar, el WIA permite una apelación formal al Departamento del Trabajo de los Estados Unidos (DOL en inglés). Las apelaciones federales deben hacerse dentro de 60 días después de recibir la decisión apelada. DOL tomará la decisión final dentro de 120 días después de recibir la apelación formal. DOL solo investigará denuncias y quejas que hayan surgido de procedimientos establecidos. El WIA no permite que haya intervención federal hasta que se haya seguido todo el procedimiento formal.

La División del Desarrollo de la Fuerza Laboral de Missouri es un empleador/programa de oportunidad igualitaria.
Los auxiliares y ayudantes están disponibles a pedido para individuos con discapacidad.
Los usuarios de Missouri TTY pueden llamar al (800) 735-2956 o marcar 7-1-1.

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Cronología de una denuncia

- Paso 1: Revisión inicial de la entidad local o se establece la presentación de la queja.
- Paso 2: Entidad local debe proveer una resolución informal dentro de 10 días a partir de la fecha de la presentación de la queja.
- Paso 3: Entidad local debe proveer una resolución formal dentro de 20 días a partir de la fecha de presentación si la queja no fue resuelta bajo el proceso informal.
- Paso 4: Entidad local debe proveer una audiencia dentro de 45 días a partir de la fecha de presentación.
- Paso 5: Entidad local debe proveer una decisión final dentro de 60 días a partir de la fecha en que la queja fue presentada.
- Paso 6: Si el demandante no está satisfecho, este puede presentar una apelación a la División del Desarrollo de la Fuerza Laboral. Se proveerá una decisión final dentro de 60 días a partir de la fecha en que se presentó la apelación. Usted puede presentar su apelación escribiendo directamente a:

State of Missouri Division of Workforce Development
 WIA Complaint and Grievance Officer
 Danielle Smith
 421 E. Dunklin P.O Box 1087
 Jefferson City, MO 65101
 Telefono: (573) 751-2428 o Fax: (573)751-4088
 Email: danielle.smith@dwd.mo.gov or
DWDComplaintsandGrievances@dwd.mo.gov
 Missouri 7-1-1 Servicios de retransmisión disponible

- Paso 7: Si el demandante no está satisfecho, este deberá presentar la queja al USDOL dentro de 30 días a partir de la fecha en que recibió la decisión final del DWD. Usted puede presentar su apelación directamente a:

ETA Regional Administrator:
 U.S. Department of Labor
 Employment and Training Administration
 Attention: WIA Complaint and Grievance Unit
 230 South Dearborn street
 6th Floor
 Chicago, Illinois 60604

Esta información fue proporcionada en el siguiente idioma/formato:

Inglés Español Otro idioma (Especifique): _____ Formato Alternativo (Especifique): _____

Marque una opción que aplica, escriba su nombre en imprenta, firme y escriba la fecha:

Solicitador/Empleado:

Nombre	Firma	Título	Fecha
<input type="checkbox"/> Participant:			

Nombre	Firma	Fecha
<input type="checkbox"/> Proveedor de Entrenamiento/Lugar de trabajo:		

Nombre de la Organización	Firma del Representante	Título	Fecha
La División del Desarrollo de la Fuerza Laboral de Missouri es un empleador/programa de oportunidad igualitaria. Los auxiliares y ayudantes están disponibles a pedido para individuos con discapacidad. Los usuarios de Missouri TTY pueden llamar al (800) 735-2966 o marcar 7-1-1.			