

# Workforce Innovation and Opportunity Act of 2014 WIOA – Summary of Rights and Complaint Procedures

(PacMtn Policy # 425 – Attachment 2)

Updated March 15, 2019



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## **RIGHTS**

You have the right to file a complaint if you feel you have a complaint relating to your employment and/or training and will not be penalized for filing a complaint. Your complaint must contain sufficient information for us to determine who is authorized to handle the complaint.

## **FILING A COMPLAINT**

To file a complaint, contact a local staff person and tell her/him that you want to file a complaint. Local staff will provide you with the necessary information and assistance to put your complaint in writing. Within 25 days of filing the complaint, a solution will be offered to resolve the matter. If you feel that your complaint is not resolved during this initial resolution effort, a hearing will be scheduled.

## **INFORMATION REGARDING HEARINGS**

A hearing will be provided within sixty (60) days of the receipt of a complaint, unless the complaint is resolved prior to the hearing date. The following information will be provided to you prior to the hearing date:

- The date of the notice, name of the complainant, and the name of the party against whom the grievance or complaint is filed;
- The date, time, and place of the hearing;
- A statement of the alleged violations; and
- The name, address, and telephone number of the contact person issuing the notice.

## **DECISION AND APPEAL PROCESS**

A hearing decision will be provided within 60 days of filing your complaint, unless the complaint is resolved without a hearing. If you are not satisfied with the final decision, or if a decision has not been reached within the 60 day timeframe, you may send a written and signed notice of appeal via e-mail to [ESDGPStateComplaintOfficer@esd.wa.gov](mailto:ESDGPStateComplaintOfficer@esd.wa.gov) or by mail at:

Attention: Complaint Officer  
Employment Security Department  
PO Box 9046  
Olympia, WA 98507-9046

*PacMtn is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay 711.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***For Participant File***

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WORKFORCE  
DEVELOPMENT

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