

## How to File a Formal Grievance

You have up to 1 year to file a grievance. Your grievance must be in writing using the attached Grievance Information Form, and should include the following information:

1. Your full name, address, and a phone number where you can be reached;
2. The name and address of the person(s) or organization that the grievance is against;
3. 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); and
4. A clear statement of the facts (e.g., what happened and the date(s) the problem occurred); and
5. Your grievance must be signed and dated.

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

New York City Department of Small Business Services  
110 William Street, 7th Floor  
New York, N Y 10038

## Grievance Timeline

**Step 1:** Within 5 days from the receipt of your written grievance, the LWIA Grievance Officer will send a Letter of Acknowledgment.

**Step 2:** Within 30 days of receiving your grievance, the LWIA Grievance Officer will then attempt to resolve the matter informally.

If a resolution cannot be reached within the initial 30 day period, then a formal hearing will be scheduled; the formal hearing provides you with an opportunity to present your evidence.

**Step 3:** Within 60 days from the date the original grievance was received, and or upon conclusion of the hearing process (whichever is sooner), the LWIA Grievance Officer will issue a written decision.

**Step 4:** If you are not satisfied with the LWIA Grievance Officer's decision, you may file an appeal with either the WIB Hearing Officer at the Department of Small Business Services or appeal directly to the New York State Department of Labor's (NYSDOL) WIA Hearing Officer. If you decide to file an appeal with the WIB Hearing officer, you will receive a letter in the mail seven days prior to the actual hearing.

If you decide to appeal to the WIB Hearing officer or the WIA Hearing Officer, in either instance, your appeal must be filed within 10 days from the receipt of the LWIA Grievance Officer's written decision.

**Step 5:** If however, you do not receive a written decision within the sixty (60) day period from the Grievance Officer, you may request a hearing directly from the NYSDOL WIA Hearing Officer. This request must be written and filed within fifteen (15) days from the date you should have received the original written decision.

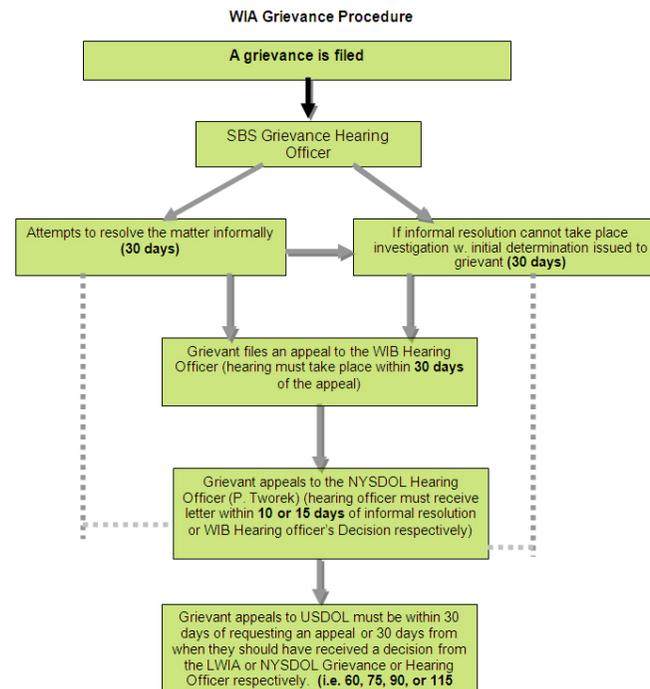
You may file your appeal with:

WIA Hearing Officer  
New York State Department of Labor  
State Office Campus Building 12#, Room 446  
Albany, New York 12240

NYSDOL has thirty days from the receipt of your request to issue a decision. In order for your grievance to be processed by NYSDOL, your grievance must also be written. If the WIA Hearing Officer does not decide within thirty (30) days, or you are dissatisfied with the disposition of your grievance you may file an appeal by writing directly to:

Secretary of Labor  
U.S. Department of Labor  
Attn: ASET  
Frances Perkins building, Room N5309  
200 Constitution Avenue NW  
Washington, D.C 20210

In addition, to filing with USDOL a copy of your appeal must simultaneously be sent to the appropriate ETA Regional Administrator and the opposing party.



# PROGRAMMATIC GRIEVANCE PROCEDURE

## Before you File a Grievance

Workforce Investment Act (WIA) funded programs are free services designed to assist you in your search and preparation for employment.

There may be a time however, that as a participant, you may become dissatisfied with the program or the way you have been treated. If this is the case you should try to address the issue internally: by first having a discussion with the responsible individual(s); and if this is not possible, by then seeking a discussion with their supervisor (or career advisor if appropriate). Addressing the problem at this level is oftentimes very helpful and typically results in a quick resolution of the matter. If this approach proves to be unsuccessful and the problem remains unresolved, you should then start the formal grievance process.

**NYC**  
Small Business  
Services

# GRIEVANCE INFORMATION FORM

## Grievant's Information

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
                  AREA CODE          NUMBER  
Work Phone: \_\_\_\_\_  
                  AREA CODE          NUMBER  
Cell Phone: \_\_\_\_\_  
                  AREA CODE          NUMBER

## Respondent's Information

5) In the space provided, list the name of the individual(s) and the location of the alleged incident (if more space is needed attach additional sheet(s)).

6) Provide the date of occurrence:  
\_\_\_\_\_

Provide the date of the most recent incident:  
(IF THERE WAS MORE THAN ONE INSTANCE)

\_\_\_\_\_

7) To the best of your knowledge, which of the following Department of Labor programs were involved (check one):

- Workforce1 Career Center
- Unemployment Insurance
- Employment Service
- Trade Adjustments Assistance
- Older Americans
- Individual Training Accounts  
a) Career Center b) Training Provider
- Other

8) Basis of Grievance (check one):

- Your job or seeking employment? or
  - Your using facilities or someone providing/not providing you with services or benefits?
- If so which of the following were involved?*
- Training                       Union Activity
  - Intimidation/Reprisal     Union Representation
  - Harassment                     Placement
  - Other

9) Explain as briefly and as clearly as possible what happened. Be sure to indicate who was involved and how other persons were treated differently from you. If necessary, you may also attach additional written material pertaining to your case.

10) What other information do you think is relevant to our investigation?

11) If this grievance is resolved to your satisfaction, what remedies do you seek?

12) Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to further support your response (if necessary feel free to attach additional written material).

13) Have you filed a case or complaint with any of the following?

- New York State Department of Labor (NYSDOL)
- Federal or State Court
- Your State or local human relations/rights commission

14) For each item checked above, please provide the following information (if you have checked more than one attach additional pages):

Agency:  
\_\_\_\_\_

Location of agency or Court:  
\_\_\_\_\_

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

Name of Investigator:  
\_\_\_\_\_

Case or Docket Number:  
\_\_\_\_\_

Status of Case:  
\_\_\_\_\_

Date of Trial or Hearing:  
\_\_\_\_\_

15)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(The grievance is not valid unless it is signed)  
(Revised 5/01/12)