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## AA/EEO GRIEVANCE PROCEDURE

The WorkPlace anticipates that your experience with a WIA-funded program will be a positive and successful one. Consistent with our policy to ensure fair treatment, including equal opportunity to all program participants accessing any of our WIA-funded services, the following steps should be taken if you experience a problem.

**What to Do If You Have a Complaint:** 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. Addressing the problem at this level will often result 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.

**How to File a Formal Grievance:** You have up to one year from date of incident to file a grievance. Your grievance must be in writing using the Grievance Information Form on the back of this document.

You may file your grievance with the LWIA Grievance Officer, Aaron Peck at:  
The WorkPlace  
1000 Coffeen Street  
Watertown, NY 13601

### Grievance Timeline

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

**Step 2:** Within 15 days of receiving your grievance, the LWIA Grievance Officer will attempt to resolve the matter informally. If a resolution cannot be reached within the initial 15 day period, then a formal hearing will be scheduled; the formal hearing provides you with an opportunity to present your evidence. You will receive written notice of the date, time and place of the hearing 7 days prior to the hearing date.

**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 the NY State Department of Labor's (NYSDOL) WIA Hearing Officer. If you decide to appeal to the WIA Hearing Officer, 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 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 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 30 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 following the information provided on the grievance information form. If the WIA Hearing Officer does not decide within 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

Telephone: 315-782-9252  
TTY: 315-782-8093

Fax: 315-782-2073  
or 315-786-7665



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## Grievance Information Form

### Complainant's Information

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Respondent's Information: 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 sheets).

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Date of occurrence: \_\_\_\_\_ Date of most recent incident (if more than one): \_\_\_\_\_

Please state the basis of your grievance: \_\_\_\_\_

Explain as briefly and clearly as possible what happened. Be sure to include who was involved and how other people were treated differently from you. If necessary, you may attach additional written materials pertaining to your case.

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If the grievance is resolved to your satisfaction, what remedies do you seek?

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Please list below any person(s) (witnesses, employees, supervisors, or others) that we may contact for additional information to further support your response.

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Telephone: 315-782-9252  
TTY: 315-782-8093

Fax: 315-782-2073  
or 315-786-7665