

WorkSource Southwest Georgia WIOA Programmatic General Grievance/EO Complaint Form

INSTRUCTIONS: Please complete complaint form. This form should be completed and submitted within a reasonable time frame not to exceed 120 days for a general programmatic complaint or 180 days for an Equal Opportunity/Nondiscrimination complaint. Once you have completed the appropriate questions, please sign and date at the end of this form.

U.S.C. § 3241 (c) (1) requires that the State and LWDAs receiving funding authorized under WIOA provide the opportunity for a hearing and resolve any programmatic/general grievance or complaint within (60) days of the Complaint's filing, if expressly requested in writing by the complainant.

For EO Complaints Only:

If you file your complaint with WorkSource Southwest Georgia, you must wait either until the recipient 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 below).

If WorkSource Southwest Georgia does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. 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 the recipient).

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

Technical Assistance from Staff with completing the below questions and the complaint process are available upon request. The Complaint policies are located on the Equal Opportunity Complaint & General Grievance Policy and Procedure.

WorkSource Southwest Georgia

ATTN: Melody Pierce, Executive Director 75 West Broad Street P.O. Box 647, Camilla, GA 31730

Phone (229) 336-2378 Fax: (229) 336-8190

The Director, Civil Rights Center (CRC)
U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123
Washington, DC 20210
or electronically as directed on the CRC Web site at www.dol.gov/crc.

1. Complainant Information:

First Name	MI Last Name			
Address	City	State	Zip	
Home Telephone ()	Work T	elephone ()	-	
Email Address				



2. Respondent (Agency	y, Employee, or Employer you	are making the com	nplaint agains	t):
Name		Telephone ()	
Address	City		State	Zip
	clearly as possible, your c	•	tach any	
a. Please explain the	basis of the complaint			
4. Briefly describe, as	clearly as possible, the re	solution you seek.		
This is all that is requi	red for a general complain	t, please sign and o	date at the e	nd of this form.
I certify that the infor	mation furnished above is	true and accuratel	y stated to t	he best of my knowledge
I authorize the disclos	ure of this information to	enforcement agen	cies for the p	proper investigation of m
•	nd that my identity will be able law and a fair determ	•		ium extent possible
Complainant Signature_			Date_	