



EMPLOY MILWAUKEE GRIEVANCE PROCEDURE SUMMARY AND ACKNOWLEDGEMENT FORM

I. Procedures for Complaints of a Noncriminal Nature

Under WIOA law, and other funding sources as may be applicable, you have rights as a program applicant, participant, or employee.

If you believe your rights have been violated, program regulations have not been adhered to, or you have been discriminated against, then you have the right to file a complaint.

A. Complaints Must Be in Writing and Should Include the Following Information

1. Your name, address, and telephone number.
2. The name, address, and telephone number of the person or agency the complaint is against.
3. A clear and concise statement of the facts, including dates, constituting the alleged violation.
4. The parts of the program regulations that you believe were violated (where known).
5. Whether you have filed this complaint with any other authority, and if so, with whom.
6. What resolution would be acceptable to you.

B. Complaints Which Do Not Involve Discrimination

Your written complaint should be directed to the Complaint Officer of the service or training provider or work site and **must be filed within one year after the alleged violation took place.**

After the complaint is properly filed, it will be investigated. After the investigation is completed, you will have the opportunity to discuss the findings and hopefully be able to resolve your complaint through informal channels. If you are not satisfied with the result of the informal resolution process, you have the right to a fair hearing. **The hearing must be requested no later than the 15th day from the initial filing date of your written complaint.**

The request for a hearing must be made in writing and include a copy of the complaint and the reasons you are not satisfied with the way your service or training provider or work site has resolved your complaint. It should be sent to:

**Elizabeth Jankowski – Complaint Officer
Employ Milwaukee
2342 North 27th Street
Milwaukee, WI 53210**

After you request a hearing, it will be scheduled within two weeks. A final decision on your cases must be granted within 60 days from the initial filing of your complaint.

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Elizabeth Jankowski, Equal Opportunity Officer, at 414-270-1759 or Elizabeth.Jankowski@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1759** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1759** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1759** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.



EMPLOY MILWAUKEE GRIEVANCE PROCEDURE SUMMARY AND ACKNOWLEDGEMENT FORM

C. Complaints Which Allege Discrimination

If you think that you have been subjected to discrimination under a WIOA program or activity, you may file a complaint **within 180 days from the date of the alleged violation** with Employ Milwaukee and/or directly with:

Equal Opportunity Officer
Wisconsin Dept. of Workforce Development
201 East Washington Avenue, Room G100
P.O. Box 7972
Madison, WI 53707-7972
(608) 266-6889 (voice)
(866) 275-1165 (TTY)

OR

Director – Civil Rights Center (CRC)
ATTN: Office of External Enforcement
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, D.C. 20210

AND/OR

Elizabeth Jankowski – EO Officer/Complaint Officer
Employ Milwaukee
2342 North 27th Street
Milwaukee, WI 53210

A discrimination complaint may be cross-filed with the Equal Rights Division (ERD) of the Department of Workforce Development. If the discrimination is based on the Wisconsin Fair Employment Statutes, **it must be filed with the ERD within 300 days after the alleged discrimination took place.** It is important to note that the Wisconsin Fair Employment Statutes recognize protected classes in addition to those covered by federal Civil Rights Statutes, such as marital status, sexual orientation, source of income, etc. To file your complaint with the ERD, contact:

Wisconsin Department of Workforce Development
Equal Rights Division
819 N Sixth Street – Room 255
Milwaukee, WI 53203
(414) 227-4384 (voice)
(414) 227-4081 (TTY)

II. Procedures for Complaints Alleging Incidents of Fraud and Abuse Violations of DWD Grants

You may request a Wisconsin WIOA Fraud and Abuse Incident Report from Elizabeth Jankowski, Complaint Officer, Employ Milwaukee, 414 270-1759, or **if you fear reprisal or that your position may be compromised you may contact the Federal Office of Inspector General Hotline toll-free (800) 347-3756, or you may call the Wisconsin Department of Workforce Development, Angela M. Vasquez, at (608) 266-9487.**

III. Acknowledgement of Receipt

BY SIGNING BELOW, I acknowledge I have read, understood and received a copy of the Employ Milwaukee Grievance Procedure and this Employ Milwaukee Grievance Procedure Summary and Acknowledgement.

Printed Name	
Signature	Date Signed