



# Grievance/Complaint Procedures

*Equal Opportunity Is the Law*

CareerSource Northeast Florida is an Equal Opportunity Employer and Program Service Provider. We are committed to the spirit and letter of all federal, state and local laws and regulations pertaining to equal opportunity. As a recipient or sub-recipient of Federal financial assistance, we do not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA) and/or Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA/WIOA Title I-financially assisted program or activity. We do not discriminate in any of the following areas: deciding who will be admitted or have access to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

**If you have a complaint, or feel that your rights have been violated, you may file a grievance according to the information below.**

## **Noncriminal, Nondiscrimination and Displacement Grievances**

We encourage you to speak with the Director who will ensure that every effort is made to address your concerns. If the Director doesn't resolve your concerns within 30 calendar days, you may forward your formal written grievance to the President of First Coast Workforce Development, Inc., 1845 Town Center Boulevard, Suite 250, Fleming Island, FL 32003. Any formal Grievance must be filed within 180 days of the alleged violation. Your formal Grievance must be made in writing, signed and dated, and contain the following information: full name, contact (telephone, mailing address, etc.) of Grievant; full name, contact (telephone, mailing address, etc.) of the Respondent (the person or entity against whom the Grievance is made); a statement of the basis for complaint, including the requirement of the Workforce Investment Act of 1998 (WIA) and/or Workforce Innovation and Opportunity Act of 2014 (WIOA) that the Grievant alleges has been violated; a statement of the facts, including pertinent dates, constituting the alleged violation; and the remedy being sought. You have the right to receive technical assistance in filing your Grievance, including instructions on how to file, relevant copies of documents such as the WIOA regulations, local policies, contracts, etc., and clarification/interpretation of relevant provisions.

If we do not have jurisdiction over the complaint, we will notify you immediately in writing with instructions to whom you should file your complaint. If we have jurisdiction, the FCWD President will work to resolve your Grievance and provide you a written Statement of Resolution within 60 days.

If you are dissatisfied with the Statement of Resolution, or if 60 days pass without receiving a written response, you may file your Grievance with an alternative agency. You must do so within 30 days of the date you received the Statement of Resolution or the expiration of the 60-day period. Submit your written request for review to the Department of Economic Opportunity, Office of General Counsel, 107 East Madison St, MSC110, Tallahassee, FL 32399-4128, or the US Department of Labor, Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Ave NW, Washington, D.C. 20210.

## **Criminal and Discrimination Complaints**

It is against the law for us to discriminate on the following basis: against any individual in the United States, basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity. We must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

If you think that you have experienced or been subjected to unlawful discrimination under a WIA/WIOA Title I-financially assisted program or activity, contact the CareerSource Northeast Florida Equal Opportunity Officer, Cheryl A. Taylor, via email at [ctaylor@careersourcenefl.com](mailto:ctaylor@careersourcenefl.com), or by phone at 904-356-5627 ext. 2233, or by mail at 215 N. Market Street, Jacksonville, FL. 32202. You may also file a Complaint with the Office for Civil Rights (OCR), Veronica Owens, Equal

Opportunity Officer, Department of Economic Opportunity, Caldwell Building – MSC 150, 107 East Madison St, Tallahassee, FL 32399-4129. You must file a Complaint within 180 days from the date of the alleged violation.

If you file your Complaint with the CareerSource Northeast Florida Equal Opportunity Officer and/or the Office for Civil Rights (OCR), you must wait for a written Notice of Final Action or until 90 days have passed before filing a complaint with the Civil Rights Center (CRC).

If you are dissatisfied with the decision or resolution, or if 90 days pass without receiving a written Notice of Final Action, you may file your Complaint with The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. You must do so within 30 days of the date you received the Notice of Final Action or the expiration of the 90-day period.

A Discrimination Complaint can also be filed by writing to the Florida Commission on Human Relations Florida Law Violations, 2009 Apalachee Parkway, Suite 100, Tallahassee, FL 32301 or by calling them at (850) 488-7082 to request the necessary forms and instructions. If sight or speech impaired, call the Florida Relay system at 1-800-342-8170 for assistance.

If you receive assistance through the Workforce Innovation and Opportunity Act (WIOA) or TANF/WT, complaints can be filed with the U.S. Department of Labor, Office of Inspector General, Office of Investigations, 200 Constitution Ave., NW Room S-5014, Washington, DC 20210.

If you receive assistance through SNAP, complaints can be filed with the U.S. Department of Agriculture, Office of Hearing Clerk, Room 112, Administration Building, Washington, DC 20250.

**Grievances related to Criminal Violations and Reports Alleging Fraud, Waste and Abuse** related to CareerSource Northeast Florida programs can be mailed to the United States Department of Labor, Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Ave NW, Washington, D.C. 20210. A copy of the alleged criminal complaint or report must be mailed to the Department of Economic Opportunity, Office of General Counsel, 107 East Madison St, MSC 110, Tallahassee, FL 32399-4128.

**Retaliation Prohibited:** No person or agency may discharge, or in any other manner discriminate or retaliate against any person, or deny to any person a benefit to which that person is entitled under the provisions of the Act or the regulations because such person has filed any complaint, instituted or caused to be instituted any proceedings under or related to the Act has testified or is about to testify in any such proceedings or investigation or has provided information or assisted in an investigation.

***As a customer of CareerSource Northeast Florida and FCWD, I certify that I have read and understand my rights and responsibilities as described above and have received a copy of this signed form.***

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Parent/Guardian Signature (if under 18)**

\_\_\_\_\_  
**Date**

***As a representative of FCWD, I verify that I have reviewed the above information with the customer and witnessed their signature.***

\_\_\_\_\_  
**Workforce Services Representative**

\_\_\_\_\_  
**Date**

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***CareerSource NEFL is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this website may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. For program funding details in compliance with the Stevens Amendment, please visit <https://careersourcenortheastflorida.com/about>.***

FCWD/CareerSource NEFL Grievance Form 062021