



LOS ANGELES COUNTY

WIA ADULT AND DISLOCATED WORKER DIRECTIVE

NUMBER: D-DWA 03-010 SUBJECT: CLARIFICATION ON COMPLAINT AND RESOLUTION
POLICIES AND PROCEDURES

DATE: December 29, 2003

EFFECTIVE DATE: Immediately

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TO: ALL WORKSOURCE CENTER DIRECTORS

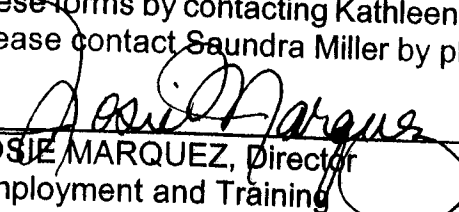
Reference: D-DWA-00-045

The purpose of this Directive is to provide guidance on Complaint and Resolution Policies and Procedures.

In accordance with WIA regulation, Subpart F, Section 667.600.650, each administrative entity, contractor and grantee under WIA must develop and maintain its own procedure for resolving grievances or complaints from subgrantees, subcontractors, and other interested parties related to its programs and activities. It is the responsibility of each WIA-funded agency in the Los Angeles County Workforce Investment Area to develop its own *internal* resolution procedures for resolving complaints that will be provided to employees, participants, and potential participants at the time of application.

Please refer to Directive D-DWA-00-45 for guidance with writing your agency's internal procedures. An electronic version is available at http://wib.co.la.ca.us/bulletin_adult. Keep in mind that this grievance policy was written for Community and Senior Services and should only serve as information to contractors. Your internal policy must be modified to contain information pertaining to your agency. When a customer or employee has a complaint, it is required that an attempt to resolve the complaint at the agency level before referring it to the Local Workforce Investment Area Equal Opportunity (EO) Unit for a formal resolution.

To document that each customer has received a copy of the agency's *internal* Complaint and Resolution Policies and Procedures, each WIA customer's file must contain a copy of the Workforce Investment Act Complaint Resolutions Procedures Acceptance Form along with the Applicant Acknowledgement Statements. Copies are attached for your convenience. These forms were distributed with Directive D-DWA-03-001. You may request an electronic version of these forms by contacting Kathleen Newton at knewton@co.la.ca.us. If you have any questions, please contact Sandra Miller by phone at (213) 738-3839 or at smiller@co.la.ca.us by email.


JOSIE MARQUEZ, Director
Employment and Training

Attachments (2)

MM:SM:kn

APPLICANT ACKNOWLEDGEMENT STATEMENTS

By my signature (Applicant), I state that all information I have given on the Workforce Investment Act Application Form is, to the best of my knowledge, true and complete.

USE OF SOCIAL SECURITY ACCOUNT NUMBER

I understand that the number will be used by the County of Los Angeles Workforce Investment Act (WIA) Agencies staff and its agents, the U. S. Department of Labor and its guarantees or contractors for payroll and management information tracking purposes, as well as to assist in determining and confirming my eligibility for Workforce Investment Act Employment/Training Services.

APPLICATION INFORMATION CONFIDENTIAL & SUBJECT TO REVIEW

I am aware that the information being collected on this form will be stored in a computer system and that all information is confidential. I allow the use and release of the information I have provided to those agencies serving me and I am aware that the information is subject to review and verification and that I may have to provide documents to support this application or sign a form(s) which will allow other agencies to provide this information to the County of Los Angeles.

PROTECTION AGAINST FRAUD

I further understand that either falsification of the information provided by me on the Workforce Investment Act Application form or a finding during the Verification and Certification Process of my ineligibility for WIA funded Employment/Training/Services shall be grounds for my termination from any program in which I may participate, and that I may be subject to actions for the collection of any monies received by me or prosecution under the law.

APPLICANT RIGHT TO REVIEW FILE

I further understand that, upon my written request, all information provided by me or collected by the County of Los Angeles or its agents or contractors through the next five years pertaining to my application eligibility for, or participation in, WIA funded programs sponsored by the County of Los Angeles will be made available to me for review.

NEPOTISM PROVISION

I have been informed that I cannot be hired in, or accept, a public service employment position, funded by WIA, if a member of my immediate family is engaged in an administrative capacity for a County of Los Angeles WIA funded program.

CIVIL RIGHTS AND COMPLAINTS SUMMARY FORM

1. I hereby acknowledge receipt of a civil rights and complaints summary form.
2. Do you have any immediate relatives employed by the County of Los Angeles, a WIA contractor or other governmental agency?

___ Yes ___ No If YES, complete box #1

3. Please complete box #2

#1
Name: _____
Relationship: _____
Employer: _____
Address: _____

#2 **EMERGENCY CONTACT DATA**
Name: _____
Street: _____
City: _____ Zip: _____
Phone: _____

WORKFORCE INVESTMENT ACT

COMPLAINT RESOLUTIONS POLICY AND PROCEDURES ACCEPTANCE FORM

I have been given a copy of Los Angeles County's Workforce Investment act Complaint Resolution Policies and Procedures. My signature below certifies that I have read and understand the procedures and will comply with the policies as a participant in the Workforce Investment Act funded Program.

Participant's Signature

Date

Participants Name (Print)

Staff Signature

Date

Staff Name (Print)