EASTERN WASHINGTON PARTNERSHIP

WORKFORCE DEVELOPMENT COUNCIL

956 S. Main • Colville, WA 99114 • (509) 684-8421 • Fax (509) 685-6094 http://www.ewpartnership.org TDD/TTY (800) 833-6384 or 7-1-1

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SUMMARY OF RIGHTS AND PROGRAM COMPLAINT PROCEDURE

RIGHTS: You have the right to file a complaint/grievance relating to your employment, training and/or program experience. Your complaint/grievance must contain sufficient information for us to determine if it should be heard by the Eastern Washington Workforce Development Council (WDC), or if it should be referred to another agency. You will not be penalized for filing a complaint/grievance involving the same issue(s) with your employer or other agency(ies).

FILING A COMPLAINT: *To file a complaint/grievance:* Notify the program manager of the organization that is serving you. Tell her/him that you want to file a complaint/grievance. You will be provided with the necessary information and assistance to put your complaint/grievance in writing. Within ten (10) days of filing the complaint/grievance, an informal conference may be held to resolve the matter. If you feel that your complaint/grievance is not resolved during the informal conference, you may request a hearing. A hearing will be scheduled within thirty (30) days of filing the complaint/grievance, unless waived or postponed at the request of the complainant and confirmed in writing. You will be notified in writing of the date, time, and place of hearing. The hearing will be conducted with an impartial hearing officer.

RIGHTS AT HEARING: At the hearing you may:

- Be represented by an attorney or other person of your choice.
- Bring witnesses and documentary evidence.
- Question any witness or parties present.
- Have records or documents relevant to the issues(s) produced by their custodian when such records or documents are kept in the ordinary course of business; by the WDC; or any person, entity, or organization performing work for the WDC.
- Request a rescheduling of a hearing for good cause.

DECISION: A decision will be rendered within sixty (60) days of filing your complaint/grievance, unless the right to a hearing has been waived.

APPEAL: If you are not satisfied with the final decision, you may appeal the decision to the State of Washington, Attention: Assistant Commissioner, Employment Security Department, Employment and Training Division, P. O. Box 9046, Olympia, Washington 98507-9046

The Eastern Washington Partnership WDC is an Equal Opportunity Employer and provider of Employment and Training services. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Telecommunications Relay Services: 1-800-833-6384 or 7-1-1

| I certify that I have been provided a copy of this Program Complaint procedure form. | |
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| Applicant's signature: | Date: |
| | G 11 F 1 |