



## Grievance/Complaint Form

This completed form must be received at the Workforce Development Board Mid-Ohio Valley(WDBMOV) within 30 days of the alleged violation. By filing this form, you are requesting a hearing, which will occur within 30 days of receipt of this form, and the WDBMOV will issue a written decision within 60 days of receipt of this grievance/complaint. The complainant has the right to receive technical assistance from the WDBMOV, in the form of relevant copies of documents such as the Act, regulations, local rules, contracts, etc., and providing clarifications and interpretations of relevant provisions. To be complete, this form must be signed and dated with the following information:

### Complainant Information

First Name	MI	Last Name	Phone Number
Mailing Address:			Alternate Phone #

Provide a factual description, including dates of the alleged violation:


What provision of WIOA, the WIOA regulations, grant, or other agreements under WIOA are believed to have been violated?


If this is a grievance/complaint against an individual/staff person, indicate how the individual/staff person did not comply with the law, regulations or contract:


Describe the solution you are seeking:


### Respondent Information:

Name	Contact Name	Phone Number
Mailing Address:	City	Alternate Phone #



## Grievance/Complaint Form, cont'd

This grievance may be amended to correct technical deficiencies at any time up to the time of the hearing. This does not extend the 30 day time period. Grievances /complaints may be withdrawn at any time prior to the issuance of the hearing officer's decision.

Office use only. Date of Receipt:
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\_\_\_\_\_  
Complainant's Signature

Date: \_\_\_\_\_

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### Results of Informal Resolution

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Respondent's Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Respondent Signature

Complainant's Response to the Respondent's Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I am SATISFIED with the decision.  
AND  
☐ I wish to withdrawl the complaint.

☐ I am DISSATISFIED with the decision,  
and wish to proceed to a hearing.

Mail this completed form to:

WDB-MOV  
Complaints Officer  
600 18th St. Box #3  
Parkersburg, WV 26101

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date



## Request for Appeal/Review Form

### Complainant Information:

First Name	MI	Last Name	Phone Number		
Mailing Address:		City	State	Zip Code	Alternate Phone #

Workforce Development Board Mid-Ohio Valley 681-588-0418  
600 18th St. Box #3  
Parkersburg, WV 26101

### Basis for the Appeal/Request:


Attach copies of relevant documents, including the complaint and local decision.

Mail to:

**Deputy Executive Director, Federal Programs**  
**112 California Avenue, Room 613**  
**Charleston, WV 25305**

This completed document and required attachments must be received at the above address, or be postmarked, within 10 days of the Decision.



## Notice of Hearing

This notice of hearing is hereby issued from the Workforce Development Board-Mid-Ohio Valley.

Date Grievance Received: \_\_\_\_\_

Date of Notice: \_\_\_\_\_

**A hearing date for your grievance/complaint has been set for:**

\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
date time location

Name of Complainant: \_\_\_\_\_

Party against whom the Grievance/Complaint is filed: \_\_\_\_\_

Statement of Alleged Violations:

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The complainant has the right to receive technical assistance, including relevant copies of documents such as the Act, regulations, local rules, contracts, etc., and providing clarifications and interpretations of relevant provisions.

\_\_\_\_\_  
Complaints Officer Signature

Workforce Development Board Mid-Ohio Valley  
600 18th St. Box #3  
Parkersburg, WV 26101  
681-588-0418



## Notice of Grievance/Complaint Decision

Date Grievance/Complaint received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Party against whom the Grievance/Complaint is filed: \_\_\_\_\_

Statement of alleged violation(s) and issues related to the alleged violation:

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Statement of Facts:

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The Decision:

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Reasons for the Decision:

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Corrective Action / Remedy Required:

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The complainant has the right to request a review of this decision by the State Review Panel within 10 days of receipt of this decision. The Request for Review form is attached for your convenience and should be submitted to:

Deputy Executive Director, Federal Programs  
112 California Avenue, Room 613  
Charleston, WV 25305