

**County of San Bernardino Department of Workforce Development
Program Complaint and Grievance Procedures**

If you believe you have been adversely affected by a decision or action of the local workforce system that is in violation of the Workforce Investment Act, you may file a grievance or complaint using the process described below.

If your complaint involves discrimination, please use the *Discrimination Complaint Procedures* form.

1. Ask to speak with your Career Mentor within 90 days of the day the action or decision occurred.
 - The Career Mentor will contact you within 3 business days to discuss your complaint or grievance.
 - If you are not satisfied with the decision, go to Step 2.
2. Speak with the Career Institute CEO, Teresa Taylor at (909) 481-0270 about your concerns.
 - The CEO will contact you within 7 business days of the day you spoke with the Career Mentor about your grievance or complaint.
 - If you are not satisfied with the decision, go to Step 3.
3. The CEO will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses, and the Department of Workforce Development Analyst assigned to the Career Institute.
 - The meeting will take place within 25 business days of the day you spoke with the Career Mentor about your grievance or complaint.
 - If you are not satisfied with the decision, go to Step 4.
4. Obtain a *DWD 181C Program Complaint and Grievance Request for Hearing* form from your Career Mentor or by contacting the Department of Workforce Development Analyst at (909) 387-9877 or (909) 387-9878. Complete the form and send to:

Equal Opportunity Officer
County of San Bernardino Department of Workforce Development
215 North D Street - Suite 301
San Bernardino, CA 92415-0046

The Equal Opportunity Officer must receive your written grievance or complaint within one year of the alleged WIA violation. For technical assistance with filing your complaint, contact the Equal Opportunity Officer at 909-387-9845. [TTY users can contact the Equal Opportunity Officer through the California Relay Service (711)].

I have read and understand the Department of Workforce Development's Youth Program complaint and grievance procedure.

Customer's Printed Name: _____

Customer's Signature: _____

Date: _____