

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 Grievances /complaints may be withdrawn at any time prior to the issuance of the hearing officer's decision.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:

_____ Complainant's Signature

Date: _____

Results of Informal Resolution

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
 531 Market Street
 Parkersburg, WV 26101

_____ Complainant's Signature

_____ Date





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:

Multiple horizontal lines for writing the statement of alleged violations.

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
531 Market Street
Parkersburg, WV 26101
304-424-7271 ext. 102



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:

Statement of Facts:

The Decision:

Reasons for the Decision:

Corrective Action / Remedy Required:

The complainant has the right to request a review of this decision by the State Review Panel with in 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