

# LANCASTER COUNTY WORKFORCE DEVELOPMENT BOARD

## GRIEVANCE HEARING PROCEDURE

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Where formal grievance and appeal procedures do in fact exist at a training site or worksite, participants under terms of the contract shall have access to the grievance and appeal procedure set forth by the Lancaster County Workforce Development Board [LCWDB] only for the resolution of complaints arising out of alleged violation of Workforce Innovation and Opportunity Act law, regulations, contracts or policies. The Lancaster County Workforce Development Board will not review the substantive facts of any grievance appeal, which does not allege such a violation nor will it take under reconsideration or re-examination any finding of fact by the subcontractor's grievance and appeal procedure.

### STEP I The Opportunity to File a Complaint

The complainant who has an alleged complaint must meet with the designated representative of the Lancaster County Workforce Development Board explain the problem and attempt to resolve the issue informally.

### STEP II The Opportunity for an Informal Conference

If the complainant remains dissatisfied, he/she must file a written complaint, within five (5) days, with the LCWDB and request an informal conference. The informal conference must be held within ten (10) days from the date of receipt of the request by the LCWDB. The complainant and LCWDB will discuss the allegation(s) and attempt to resolve the issues informally. The findings of the LCWDB will be submitted to the complainant not later than ten (10) days following the informal conference. Included with the findings must be notification of the right to request a hearing if a satisfactory resolution is not accomplished.

**Complaints shall be made in written form and addressed to:**

Anna Ramos, Equal Opportunity Officer  
Lancaster County Workforce Development  
Board 1046 Manheim Pike  
Lancaster, PA 17601

### STEP III The Opportunity for a Hearing

If the complainant is not satisfied with the results of the informal conference, he/she must so inform the LCWDB within five (5) days and request a hearing to seek resolution of the issue(s).

An Impartial Hearing Officer will be appointed by the LCWDB and will attempt to resolve the issue(s) and render an independent decision. The requested hearing will be held within 30 days from the date on which the complaint was filed. Written notification of the hearing will be sent out by the Hearing Officer to all parties concerned, stating the date, time and place of the hearing and the issues to be heard. All parties have the right to be accompanied by an attorney, (at their own expense), or other duly authorized representative, the right to present testimony, to bring witnesses and records, and must attend the hearing.

A written decision will be issued by the Hearing Officer to the complainant and all parties who attended the hearing within 60 days of the filing of the complaint and will include: 1) a synopsis of the facts, 2) a statement of reasons for the decision, and 3) notification of recourse. All correspondence will be mailed certified with a return receipt requested.

### STEP IV Notice of Recourse

If the complainant does not receive a decision at the LCWDB level within 60 days of filing the complaint, or receives a decision that is unsatisfactory to the complainant, the complainant has the right to request a review of the complaint by the Governor. The request for review must be submitted to the Executive Deputy Secretary within ten (10) days of receipt of an adverse decision or, if no timely decision is rendered, within 15 days from the date on which the decision should have been received from the Hearing Officer. A review will be conducted on behalf of the Governor and a decision issued within 30 days from the date of receipt of the review request. The decision rendered will be final.

**Mailing address:** Deputy Secretary for Workforce Development  
PA Department of Labor and Industry  
651 Boas Street, Room 1700  
Harrisburg, PA 17121

I certify that I have read and understand the Grievance Procedure as stated herein, and that I have received a copy of the same.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

I certify that the herein named participant was given an explanation and a copy of this Grievance Procedure.

Interviewer's Signature \_\_\_\_\_

Date \_\_\_\_\_