DeKalb Workforce Development
WIOA Grievance and Complaint Information Form

INSTRUCTIONS: Please fill out Questions 1-5 for a general complaint. If you feel you have been discriminated against, please complete Questions 6-11. This form should be completed and submitted within one hundred and eighty (180) days of the date of the alleged discriminatory act. Once you have completed the appropriate questions, please sign and date at the end of this form.

Pursuant to section 181 of the Workforce Innovation and Opportunity Act, DeKalb Workforce Development shall provide the complainant with an opportunity for a hearing within sixty (60) days of the complainant’s filing, if expressly requested in writing by the complainant, or in the event is not requested, DWD shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the complainant is dissatisfied with DWD’s decision, he or she may appeal DWD’s decision to the Georgia Department of Economic Development, Workforce Division.

DeKalb Workforce Development (DWD)
Attn: Sandeep Gill, Deputy Director, Equal Opportunity Officer
774 Jordan Lane, Building 4, Decatur, GA 30033
Phone: (404) 687-3437 Fax: (404) 687-4099
Electronic submissions should be sent to: sgill@dekalbcountyga.gov

1) Complainant Information:
First Name_________________ Last Name__________________ Home Number__________________
Address__________________________________________ Work Number__________________
City, State, and Zip________________________________ Email_________________________

2) Respondent Information (Agency, Employee, or Employer you are making the complaint against):
Name_____________________________________________ Telephone________________________
Address_________________________________________ City________________ State______ Zip________

3) What is the most convenient time and place for us to contact you about this complaint? __________________________

4) Briefly describe, as clearly as possible, your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your compliant.
a. Please explain the basis of the complaint.________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

b. Who was involved? Include witnesses. Fellow employees, supervisors, or other. Provide names, addresses and telephone numbers if known.__________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

These following steps are important and should be followed:

1. Inform your supervisor/manager of the discriminatory behavior.
2. If the issue is not resolved, complete the DeKalb Workforce Development Grievance Form.
3. Submit the completed form to the Equal Opportunity Officer.

If the issue is not resolved, you may appeal DWD’s decision to the Georgia Department of Economic Development, Workforce Division.
5) Were you offered services? (If applicable)  Yes  No  NA  (circle one)

This is all that is required for a general complaint, please sign and date at the end of this form.

FOR GRIEVANCES/ DISCRIMINATION ONLY – COMPLETE 6 THROUGH 11

Pursuant to 29 C.F.R 38.72, a discriminatory complaint must be filed within one hundred and eight (180) days of the alleged discriminatory act.

6) Do you feel you have been discriminated against?  Yes  No  (Circle one)

7) On what date(s) did the alleged discriminatory action occur? __________________________________________

8) Check all grounds of discrimination that apply and specify the characteristic

☐ Race: Specify  ☐ Color: Specify
☐ Religion: Specify  ☐ National Origin: Specify
☐ Gender: Specify [ ] Male [ ] Female  ☐ Age: Specify Date of Birth:
☐ Disability: Specify  ☐ Sexual Harassment: Specify
☐ Citizenship: Specify  ☐ Political Affiliation: Specify
☐ Other: Specify  ☐ Reprisal/Retaliation: Specify

9) Explain briefly how you were treated differently. Attach any written material pertaining to your case.
_______________________________________________________________________________________________
_______________________________________________________________________________________________

10) Do you have an attorney or other representative for this compliant?  Yes  No  (Circle one)
If yes, please provide name, address and phone:
Attorney Name __________________________ Address __________________________ Telephone ______________

11) If you have filed a case or complaint with any other government agency or non-federal entity, please list below:
Agency __________________________ Date Filed __________________________
Case or Docket Number __________________________ Date of Trial or Hearing __________________________
Location of agency or court __________________________ Name of Investigator __________________________
Status of Case __________________________ Comment __________________________

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my compliant. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.

Complainant Signature __________________________ Date __________________________