



Customer Concern and Complaint Procedure

Procedure No: 2019-05
Effective: 1/20/21

This procedure provides guidance and standards for assisting customers who express concerns and initial interest in filing a complaint regarding services received at TC Futures.

All partners of TC Futures are expected to collaborate and be responsive to the needs of all TC Futures customers. Collaboration is essential when a complaint presents allegations that involve more than one program or allegations about a program and discrimination.

A. TC Future Staff

- Must make every effort to resolve a customer's concern rather than immediately referring the customer or elevating to a complaint.
- If unable to resolve the customer's concern and the customer needs additional assistance, connect the customer to TC Futures Director to resolve the concerns at the lowest level.

B. TC Future Director

- All customer concerns will be tracked for internal purposes.
- Notify customers of their rights to file a complaint when a concern is elevated to a complaint.
- Refer all programmatic complaints to WIOA Program Operator.
- Maintain a secure system for logging and tracking all concerns and complaints to ensure the integrity of the local complaint process.
- Collaborate when complaints present allegations involving multiple partners.
- Immediately forward discrimination complaints to Benton-Franklin Workforce Development Council (BFWDC) Equal Opportunity (EO) Officer.

C. WIOA Program Operator

- Provide customer a program complaint form (attached).
- Process programmatic complaints and informs the BFWDC of actions taken.
- Follow Workforce Innovation and Opportunity Act (WIOA) Complaint Procedures.
- Immediately forward discrimination complaints to BFWDC EO Officer.

D. BFWDC EO Officer

- Process all TC Futures discrimination complaints.
- Review concerns and complaint log.
- Update Customers Concern and Complaint Resolution procedures and forms.

E. Definitions

Concern: Any verbal expression of dissatisfaction or any written expression of dissatisfaction other than alleged violations of program or non-discrimination rules or laws. Concerns must be referred but do not require the same formal process as a complaint (i.e., logging, tracking, etc.). Local processes may include additional requirements (See WorkSource Complaint Handbook for additional requirements).

Discrimination Complaints are complaints alleging a violation of the law(s) that prohibit discrimination in federally assisted programs based on race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I—financially assisted program or activity. Washington State law also prohibits discrimination in public accommodation based on families with children, marital status, sexual orientation, honorably discharged veteran or military status, and the use of a trained guide dog or service animal by a person with a disability. Discrimination complaints filed under WIOA must be filed within 180 days of the alleged discrimination or retaliation. Discrimination complaints filed under Washington State law must be filed within six months of the alleged discrimination date.

Program Complaint Form

Complainant's Information

Last Name	First Name	MI
Address (No., St., City, State, Zip)		
Email		
Phone #	Alt. Phone #	

Respondent's Information

Name of Person Complaint is Against	
Name of Organization / Office	
Address (No., St., City, State, Zip)	
Phone #	Email

Description of the Complaint (Please explain the incident and circumstances)

Date of Incident

Desired Resolution (Please explain any resolution(s) you are seeking in response to this complaint)

Certification: I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of Certification this information to other enforcement agencies to properly investigate my complaint. 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.

Can we share this complaint/information with the individual this complaint has been filed against? Yes No

Signature of Complainant: X **Date:**

Staff Use Only

What program was involved in the alleged incident? (check all that apply)

<input type="checkbox"/> Employment Service (Wagner Peyser) <input type="checkbox"/> Against ESD <input type="checkbox"/> Against Employer, Job Order WA# _____ <input type="checkbox"/> Alleged Violation of Wagner Peyser Regulations <input type="checkbox"/> Alleged Violation of Employment Law(s) <input type="checkbox"/> Non-Employment Service Complaint Against Employer <input type="checkbox"/> Alleged Violation of Employment Law(s) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program <input type="checkbox"/> Trade Adjustment Assistance (TAA) Program <input type="checkbox"/> Other Program/Provider: _____
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Referrals (if applicable):

Agency / Organization Receiving Referral
 Dept. of Labor & Industries Dept. of Health Human Rights Commission Other: _____

Agency Contact **Phone #** **Email**

Name of Staff Person Receiving Complaint

Last Name	First Name	Office Address (No., St., City, State, Zip)
		Phone #
		Email

Staff Signature: X **Date:**

FORMA PARA QUEJAS

Información Del Reclamante		Información De La Persona/Organización Demandada	
Apellido	Nombre	Nombre y Apellido De La Persona Demandada	
Dirección (número, calle, ciudad, estado, código postal)		Nombre de la Organización, Negocio, Empresa o Empleador	
Email (correo electrónico)		Dirección (número, calle, ciudad, estado, código postal)	
# De Teléfono	# De Teléfono Alternativo	Teléfono	Email (correo electrónico)

Declaración (Explique qué pasó. Incluya nombres, direcciones, números de teléfono, lugares, testigos, etc.)

Fecha Del Incidente

Solución/Resultado Deseado
 (Por favor explique cualquier solución(es) que está buscando en respuesta a la queja)

Certificación: DECLARO que la información que estoy dando es verdadera y correcta de acuerdo con mi conocimiento. AUTORIZO la divulgación de esta información a otras agencias para la investigación apropiada y el cumplimiento de mi queja. ENTIENDO que mi identidad se mantendrá confidencial tanto como sea posible, en consistencia con las leyes que se aplican y con una determinación justa de mi queja.

Podemos compartir esta queja/ información con el individuo que esta queja ha sido presentada en contra? Sí No

Firma Del Reclamante: X **Fecha:**

****Staff Use Only****

What program was involved in the alleged incident? (check all that apply)

<input type="checkbox"/> Employment Service (Wagner Peyser) <input type="checkbox"/> Against ESD <input type="checkbox"/> Against Employer, Job Order WA# _____ <input type="checkbox"/> Alleged Violation of Wagner Peyser Regulations <input type="checkbox"/> Alleged Violation of Employment Law(s)	<input type="checkbox"/> Workforce Innovation and Opportunity Act (DW, Adult, Youth) Program <input type="checkbox"/> Trade Adjustment Assistance (TAA) Program <input type="checkbox"/> Other Program/Provider: _____
<input type="checkbox"/> Non-Employment Service Complaint Against Employer <input type="checkbox"/> Alleged Violation of Employment Law(s) <input type="checkbox"/> Other: _____	

Referrals (if applicable):

Agency / Organization Receiving Referral
 Dept. of Labor & Industries Dept. of Health Human Rights Commission Other: _____

Agency Contact | **Phone #** | **Email**

Name of Staff Person Receiving Complaint

Last Name	First Name	Office Address (No., St., City, State, Zip)	
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Staff Signature: X	Date Received:	Phone #	Email
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