

**CITY of PHOENIX
COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
WORKFORCE CONNECTION DIVISION
INSTRUCTION FOR FILING A CUSTOMER COMPLAINT FORM**

POLICY STATEMENT

It is the policy of the Workforce Connection Division (**WCD**) that all customers be treated equally. If you believe that you have not been properly treated or if you have a complaint about services provided, you may complete a Customer Complaint Form (**CCF**). Copies of the CCF are readily available to the public at all One Stop Career Centers. The WCD will investigate all complaints regarding service delivery.

Please follow the steps explained below. Failure to complete the steps as explained can delay or result in your complaint not being properly reviewed. Customers filing written complaints will receive a written response within specified timeframes.

STEP 1 'Informal Resolution'

- ❑ The complainant's first attempt for a resolution begins at the lowest level through discussions with the staff member and/or staff supervisor. (At anytime during this process the complainant can retain an outside representative of their choice.)
- ❑ If the complainant is not satisfied with the staff member's/supervisor's resolution and wishes to elevate the complaint, the supervisor will provide a CCF to the complainant. The CCF must be completed by the complainant and submitted to the Local Workforce Investment Area (LWIA) Equal Opportunity Officer within 5 calendar days (timeframe does not include date of last discussion).

STEP 2 'Impartial Hearing'

- ❑ The hearing officer, appointed by the Equal Opportunity Officer, will schedule an appointment to hear the complaint within thirty calendar days from receipt of the CCF (timeframe does not include the date CCF was received).
- ❑ The hearing officer will issue a written Notice of Final Action (NFA) to the complainant within five (5) working days from date of the scheduled hearing (timeframe does not include the date of the scheduled hearing). The written response will include the issue and an explanation of the reasons underlying the decision, or a description of the way the parties resolved the issue.
- ❑ If the complainant does not receive a written NFA within five (5) working days or receives a decision which he/she finds unsatisfactory, the complainant may request a review of the complaint by the Governor's Administrative Entity (State Equal Opportunity Officer).
- ❑ In the case of an unresolved complaint alleging discrimination, the complainant has a right to file a complaint with the Civil Rights Center within 30 days of the date on which the notice of final action is issued.
- ❑ In the case of an alleged discrimination complaint where 180 days has elapsed, the complainant can request an extension from the Civil Rights Center.

STEP 3 'Alternative Dispute Resolution (ADR)/Mediation Process'

During the 90 calendar day period, complainants may elect to participate in mediation. If the complainant selects mediation the EO Officer will coordinate with a pre-approved mediator. The individual conducting the mediation must be a neutral and impartial third party who will act as a facilitator. The mediator must be a person who is acceptable to all parties including the EO Officer and who will assist the parties in resolving their disputes.

1. If the complainant chooses to participate in mediation, he/she or the authorized representative must respond to the EO Officer in writing within 10 calendar days of the date of the request. This written acceptance must be dated and signed by the complainant or authorized representative and must also include the relief sought.
2. A written confirmation identifying the date, time and location of the initial mediation conference will be sent to all appropriate parties.
3. A consent form will be signed by all parties at the initial mediation conference affirming that the contents of the mediation will be kept confidential.
4. If resolution is reached under ADR/mediation, the agreement will be in writing. A copy of the signed agreement will be sent to the EO Officer.
5. If an agreement is reached under ADR/mediation but a party to the agreement believes his/her agreement has been breached, the non-breaching party may file a complaint with the CRC Director.
6. If the parties do not reach resolution under ADR/mediation, the complainant will be advised of his/her right to file a complaint with the CRC/U.S.DOL; however, the EO Officer will continue with the investigation. The mediation process will be completed within 45 calendar days of receipt of a complaint.

Under the Americans with Disabilities Act, **City of Phoenix** must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, **City of Phoenix** must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the **City of Phoenix** will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

Listening systems or qualified sign language interpreters are available with 72 hours of notice. Materials in alternate formats such as large print, Braille, audiocassette, computer diskette, are available upon request. Please call Ryan Gregory Equal Opportunity Officer, 602-261-8013 to request special accommodations.

Phoenix Workforce Connection Client Complaint Form

Date of Incident: _____

Complainant's Name: _____

Complainant's Address: _____

Nature of the Complaint: _____

Will Complainant accept issue for investigation? Yes No

If not, please explain: _____

Program and/or Accused Party: _____

Program Address: _____

Witness: _____

Address: _____

Upon completion of this section of the form sign date and provide a copy to the complainant:

Staff Signature: _____ **Date:** _____

Complainant Signature: _____ **Date:** _____

INVESTIGATION

STEP 1: Informal Attempt at Resolution

Staff/One Stop
Supervisor: _____

Date Received: _____

Findings: _____

Conclusion: _____

Upon receipt of this form for Step 1 sign date and provide a copy to the complainant:

Staff Signature: _____ **Date:** _____

Complainant Signature: _____ **Date:** _____

Original White
Complaint Copy to Complainant Pink
Step 2 Copy to Complainant Yellow
Step 3 Copy to Complainant Green

[FORM NUMBER]
[REVISION DATE]

Phoenix Workforce Connection Client Complaint Form

STEP 2: Impartial Hearing Officer

Hearing Officer: _____ Date Received: _____

Findings: _____

Conclusion: _____

Upon receipt of this form for Step 2 sign date and provide a copy to the complainant:

Staff Signature: _____ **Date:** _____

Complainant Signature: _____ **Date:** _____

Original White
Complaint Copy to Complainant Pink
Step 2 Copy to Complainant Yellow
Step 3 Copy to Complainant Green

[FORM NUMBER]
[REVISION DATE]