



# Spokane Area WORKFORCE DEVELOPMENT COUNCIL

## SUMMARY OF RIGHTS AND COMPLAINT AND GRIEVANCE PROCEDURES

### RIGHTS

**You have the right to** file a grievance if you feel you have a complaint or grievance relating to your employment and/or training. Your grievance must contain sufficient information for us to determine if it should be heard by the Spokane Area Workforce Development Council (SAWDC) or another agency. You will not be penalized for filing a grievance. This procedure does not prevent you from concurrently filing the same grievance involving the same issue(s) with your employer or other agency(ies).

### FILING A COMPLAINT

**To file a complaint**, contact the SAWDC and notify them that you want to file a grievance. The SAWDC will provide you with the necessary information and assistance to put your grievance in writing. Within ten (10) days of filing the grievance, an informal conference may be held to resolve the matter. If you feel that your complaint is not resolved during the informal conference, you may request a hearing. A hearing will be scheduled within thirty (30) days of filing the grievance. You will be notified in writing of the date, time, and place of hearing. The hearing will be conducted with an impartial hearing officer.

### RIGHTS AT HEARING

**At the hearing you may:**

- Bring witnesses and documentary evidence.
- Question any witness or parties.
- Have records or documents relevant to the issue(s) produced by their custodian when such records or documents are kept in the ordinary course of business; by the WDC; or any person, entity, or organization performing work for the WDC.
- Request a rescheduling of a hearing for good cause.
- Be represented by an attorney or other person of your choice.

### DECISION

A decision will be rendered within sixty (60) days of filing your grievance.

### APPEAL

If you are not satisfied with the final decision, you may appeal the decision to the State of Washington, Attention: Assistant Commissioner, Training Program Services Division, Employment Security Department, 605 Woodview Drive S.E., MS/KG-11, Olympia, Washington 98504-5311.

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*Signature of Applicant*

*DATE*

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*Signature of Parent, Guardian or Responsible Adult (If Applicant is under 18 Years Old)*

*DATE*

*This is a summary of the Rights and Complaint and Grievance Procedures. You may request a copy of the complete document from the SAWDC at (509) 625-6210. The Spokane Area Workforce Development Council is an Equal Opportunity Employer/Program and provider of employment and training services. Auxiliary aids and services are available upon request to individuals with disabilities (TDDY 1-800-833-6388).*

*(Rev. 1/10)*