



Program Complaint and Grievance Request for Hearing

Full Name

Email

Phone Number

Mailing Address

Agency or program against whom you want to file a complaint

Agency Name

Phone Number

Address (Street Address, City, State, Zip)

Employee name (if known):

Alleged Violation Information

Describe the alleged violation, including a clear and concise statement of the facts and dates (attach additional pages if needed):

If your grievance or complaint is against a person, describe how that individual did not comply with the Workforce Innovation & Opportunity Act regulations (attach additional pages if needed):

What remedy are you seeking?

Signature

Date



Program Complaint Information Form

SUBMISSION

Please return this completed form to:

Adriana Escobedo
Administration Manager/Equal Opportunity Officer
RIVCO, Workforce Development Division
1325 Spruce Street, Suite 400, Riverside, CA 92507

A Hearing will be scheduled to discuss your grievance or complaint. You will be notified of the date, time and place 10 (ten) days prior to the Hearing.

If you do not receive a decision from the Hearing Officer within 75 days of the date that you filed your written grievance or complaint, you may send a written request for a State Hearing to:

Chief, Compliance Review Division, MIC 22-M
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

Technical assistance with completing this form is available at 909-387-9884. (For TTY users, dial 711 to reach the California Relay Service.)

Office Use Only

Date Received

By

Hearing Date

By

Date Decision Issued:

By