

**San Bernardino County Department of Workforce Development**  
**PROGRAM COMPLAINT AND GRIEVANCE REQUEST FOR HEARING**

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

Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Agency or program against whom you want to file a complaint:**

Agency/program name: \_\_\_\_\_

Employee name (if known): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**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*):**

---

---

---

---

---

---

---

**San Bernardino County Department of Workforce Development**  
**PROGRAM COMPLAINT AND GRIEVANCE REQUEST FOR HEARING**

**What remedy are you seeking?**

---

---

---

---

---

---

---

*Printed Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***Please return this completed form to:***

Sophie A. Akins, Deputy County Counsel  
Workforce Investment Act Hearing Officer  
385 North Arrowhead Avenue, 4<sup>th</sup> Floor  
San Bernardino, CA 92415-0140

- 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

**County Use Only:**

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Date Decision Issued:** \_\_\_\_\_ **By:** \_\_\_\_\_