SAN JOAQUIN COUNTY WORKNET
EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE	EFFECTIVE DATE	APPLICABILITY	PAGE
24-05	August 15, 2024	CMD	1 of 6
SUBJECT:	**SELECTIVE SERVICE**		

I. PURPOSE

The purpose of this directive is to provide guidance regarding Selective Service Registration and participation in programs funded under the Workforce Innovation and Opportunity Act (WIOA), including the National Farmworker Jobs Program (NFJP).

II. GENERAL INFORMATION

WIOA section 189 (h) requires the Secretary of Labor to ensure that any individual participating in any WIOA program has not violated Section 3 of the Military Selective Service Act, which requires that all males (citizens and non-citizens) born on or after January 1, 1960, who have attained their 18th birthday, are required to register with Selective Service before the individual's 26th birthday. For NFJP, Selective Service registration requirements apply in accordance with WIOA Section 167, 20 CFR Part 685, applicable provisions of 20 CFR Part 683, and the applicable NFJP Grant Agreement.

The Local Workforce Development Area programs disbursing services or benefits have the responsibility for deciding registration compliance and determining eligibility for services or benefits on a case-by-case basis.

In 1986, the Military Selective Service Act was amended by Public Law 99-661, Section 1366, which states:

> A person may not be denied a right, privilege or benefit under Federal law by reason of failure to present himself for and submit registration under section 3 (Title 50 U.S.C Appendix, Section 453) if:

(1) the requirement for the person to register has terminated or become inapplicable to the person; and

(2) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.

This PPD supersedes PPD D-30 Selective Service, dated July 1, 2017.

References:

- WIOA (Public Law 113-128), Sections 167 and 189 (h)
- 20 CFR Part 685, National Farmworker Jobs Program
- The Military Selective Service Act, Section 3
- Public Law 99-661, Section 1366
- Applicable NFJP Grant Agreement

III. POLICY

The Employment and Economic Development Department upholds a policy ensuring compliance with Selective Service Registration requirements for individuals applying for WIOA services. Those mandated to register must have their Selective Service status verified before enrollment.

Applicants falling within the registration requirement age bracket (18-25) who haven't registered will be directed to the Selective Service System (SSS) for immediate registration prior to WIOA enrollment.

Individuals beyond the age of mandatory registration will be notified to obtain a status information letter from Selective Service before WIOA enrollment. Those ineligible due to failure to register before turning 26 are presumed disqualified from WIOA services, unless providing compelling evidence for non-registration.

IV. PROCEDURE

All programs and services established or receiving assistance under WIOA Title I, including NFJP, must comply with the Selective Service registration requirements. These requirements apply to both formula and discretionary grants awarded by the Department of Labor.

Selective Service Registration Requirements

Males born on or after January 1, 1960, are required to register with the Selective Service within 30 days of their 18th birthday (30 days before their 18th birthday, their 18th birthday, and the following 29 days after their 18th birthday) and up to, but not including, their 26th birthday.

This includes the following males:

1. U.S. citizens;
2. Veterans discharged before their 26th birthday;
3. Non-U.S. citizens, including undocumented immigrants, legal permanent residents, and refugees, who take up residency in the U.S. prior to their 26th birthday;
4. Dual nationals of the U.S. and another country, regardless of whether they live in the U.S.

Selective Service registration is not required for the following male U.S. citizens:

1. Males who are serving in the military on full-time active duty;
2. Males attending the service academies;
3. Disabled males who were continually limited to a residence, hospital or institution;
4. Males who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement; however, they must register within 30 days after being released if they have not yet reached their 26th birthday;
5. Male veterans discharged after their 26th birthday.

Selective Service registration is not required for the following male non-U.S. citizens:

1. Non-U.S. males who entered the U.S. for the first time after their 26th birthday. Acceptable forms of supporting documentation include:
    a. Date of entry stamp in his passport;
    b. 1-94 with date of entry stamp on it; or
    c. Letter from the U.S. Citizenship and Immigration Services indicating the date the male entered the U.S. presented in conjunction with documentation establishing the male's age.
2. Non-U.S. males who entered the U.S illegally after their 26th birthday. They must provide proof that they were not living in the U.S. from age 18 through 25;
3. Non-U.S. males on a valid non-immigrant visa.

The above list of Selective Service registration requirements is **not** exhaustive. Additional information regarding these requirements can be found on the Selective Service website (https://www.sss.gov).

Status Information Letter

An individual may obtain a Status Information Letter (See Attachment 1) from the Selective Service if one of the following applies:

1. The individual believes he was not required to register.

2. The individual did register but cannot provide the appropriate documentation.

The Status Information Letter Request form and instructions can be accessed through the Selective Service website. Individuals can also call the Selective Service's toll-free number at 888-655-1825 to request a letter. If an individual decides to request a Status Information Letter, they will need to describe, in detail, the circumstances that prevented him from registering (e.g., hospitalization, incarceration, or military service).

If the Status Information Letter indicates that an individual was not required to register for the Selective Service, then he is eligible to enroll in a WIOA-funded service. If the Status Information Letter indicates that the individual was required to register and did not register, he is presumed to be disqualified from participation in WIOA-funded activities and services until it can be determined that his failure to register was not knowing and willful. All costs associated with grant-funded services provided to non-eligible individuals may be disallowed.

Acceptable Documentation

To be eligible to receive WIOA-funded services, all males born on or after January 1, 1960, must present documentation showing compliance with the Selective Service registration requirements.

Acceptable documentation to determine a person's eligibility for WIOA Title 1 programs includes the following:

1. Selective Service Acknowledgement letter;
2. "Report of Separation" form (Form DD-214). (This should be used only if veteran was discharged after his 26th birthday);
3. Screen printout of the Selective Service Verification site (For males who have already registered, this website can be used to confirm their Selective Service number as well as the date of registration, by entering a last name, social security number, and date of birth.);
4. Selective Service Registration Card;
5. Selective Service Verification Form (Form 3A); or,
6. Stamped Post Office receipt of registration.

Upon receiving all required information, the staff member will:

1. Review the Status Information Letter;
2. Review the written explanation provided by the client; and
3. Complete the Selective Service Waiver (See Attachment 2).
4. Forward all the information to the Supervisor who will review the evidence and determine whether the failure to register for Selective Service was or was not knowing and willful.

5. If the Supervisor finds that the individual's failure to register was unintentional and they meet other eligibility criteria, WIOA services may be approved. However, if the Supervisor determines that the failure was intentional, WIOA services will be denied. The Supervisor will review the case promptly, within two working days of receiving the information, and communicate the decision to the staff member assisting the individual for immediate notification.
6. Individuals who are denied services will be advised of the available grievance procedures under WIOA. Decisions by the Local Workforce Development Area are subject to appeal to the State.

Registration Requirements for Males Under 26

Before being enrolled in WIOA-funded services, all males who are not registered with the Selective Service and have not reached their 26th birthday must register through the Selective Service website. If a male turns 18 while participating in WIOA-funded services, registration with Selective Service must be completed no later than 30 days after he becomes 18 to continue to receive WIOA-funded services. If a male under the age of 26 refuses to register with Selective Service, WIOA-funded services must be suspended until he registers.

Non-Registration by Males 26 and Older

For those potential participants who are 26 or older that failed to register with the Selective Service, subrecipients may either request a Status Information letter from a potential participant before making a determination of knowing a willful failure to register; or initiate the process to determine if the potential participant's failure was knowing and willful without first requesting a Status Information Letter.

Before enrolling in WIOA-funded services, all males 26 and older, must provide one of the following:

1. Documentation showing they were not required to register; or
2. If they were required to register, documentation establishing that their failure to register was not knowing or willful.

Transgender, Transexual, and Intersex Individuals

The requirement for transsexual, transgendered. and intersex individuals to register with the Selective Service depends upon the gender recorded on their birth certificate. If an individual was recorded as a male, that individual would need to register for the Selective Service regardless of their present sexual identity. However, if the individual's birth certificate was later changed to reflect a female identity, that individual would not be required to register.

Additional information regarding registration requirements can be found on the Selective Service website.

Records Request for Men Born Before 1960

Selective Service records for men born prior to 1960 are in the possession of the National Archives & Records Administration (NARA). If records are found, the requester will receive an invoice for payment from NARA. Please note, there is never a charge from Selective Service System for registration or registration records for men born January 1st, 1960, and later. Individuals can contact Selective Service either by telephone or by mailing a NARA Records Request Form (See Attachment 3). Additional information can be found on the Selective Service website.

Grievance/Appeal Procedures

The San Joaquin County WorkNet in compliance with WIOA Federal Regulations has established a complaint and appeal procedure for the prompt review, impartial consideration, and equitable disposition for complaints (administrative and/or Equal Employment Opportunity) presented by a complainant in any SJC WorkNet Center under the Complaint and Appeal Procedures (See Attachment 4).

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee will be responsible for updating this directive, as appropriate.

VII. APPROVED

Patricia Virgen

PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:vf

Attachment 1: Status Information Letter
Attachment 2: Selective Service Waiver
Attachment 3: NARA Records Request Form
Attachment 4: Grievance and Complaint Procedure Form

This WIOA Title I-financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This program is substantially funded by federal funding. For more information go to: www.sjcworknet.org/WIOAresources.asp

Request for Status Information Letter

This is a fillable form. Please type in ALL CAPS before printing, or PRINT clearly using BLACK INK

Before you fill out and submit this form, please check to verify your registration status with the Selective Service System at https://www.sss.gov. If you cannot check or verify your registration online and you are not claiming an exemption, or if you have already received a Status Information Letter (SIL) from us in the past, please call (888) 655-1825.

Please check each item. You should only submit this form if the following are true:

You have passed your 26th birthday
You have verified that you are in fact "NOT REGISTERED"
You were born after December 31, 1959
You are claiming that you were exempt from the requirement to register
You were born male or you are transgender (born female)
You have not received a Status Information Letter from us in the past

YOU MUST PROVIDE AT LEAST ONE RESPONSE to each of the seven (7) Sections below. We cannot process your letter until we receive the required information and documents. Never send originals. KEEP A COPY of this form and any documents or correspondence you send to us.

SECTION 1 - GENERAL INFORMATION

Type or Print Clearly (ALL CAPS) – Must be Readable.

Full Legal Name: _____
First Name Middle Name Last Name(s)

List any other names used (Include multiple last names): _____

Social Security Number: _____ Date of Birth: _____
Month / Day / Year

Current Mailing Address: _____

_____
City State Zip Code

Daytime Telephone Number: _____

Email Address: _____

What is your reason for this SIL?

☐ Financial Aid ☐ Citizenship ☐ Employment ☐ Security Clearance ☐ Other _____

List each City & State (Country if overseas) where you lived between your 18th and 26th birthdays.
Use a separate sheet if needed:

_____

_____

SECTION 2 - MILITARY

If you served in the U.S. military, attach your proof of military service, such as a copy of your DD Form 214, NGB Form 22, DD Form 4 (if still on active duty), etc. If you attended a service academy or military school, provide a letter from the school or a transcript showing the dates.

To obtain proof of military service (DD Form 214, Official Military Personnel File), visit this website Proof of military service (DD Form 214, Official Military Personnel file.

Have you ever served in the U.S. military or attended a military service academy/school?

☐ Yes (Please Continue) ☐ No (SKIP to Section 3)

☐ US Army ☐ US Navy ☐ US Marine Corps ☐ US Air Force ☐ US Coast Guard

List dates of active duty service: _____ to _____

List dates of reserve duty service: _____ to _____

Did you attend a military service academy?

☐ The United States Military Academy (USMA)
☐ The United States Naval Academy (USNA)
☐ The United States Air Force Academy (USAFA)
☐ The United States Coast Guard Academy (USCGA)

List dates of attendance: _____ to _____

Were you enrolled in an officer procurement program at a military school or university?

☐ The Citadel
☐ University of North Georgia
☐ Norwich University
☐ Virginia Military Institute
☐ Texas A&M
☐ University of Virginia Polytechnic and State University

List dates of attendance: _____ to _____

SECTION 3 - INCARCERATED / INSTITUTIONALIZED / HOSPITALIZED

Please attach proof if you were CONTINUOUSLY incarcerated, institutionalized, hospitalized, or home confined for the entire period from your 18th through 26th birthdays. If you were released, escaped, or otherwise out of custody for 30 days or more, you do not need to complete this form. Call us at (888) 655-1825.

Were you **CONTINUOUSLY** incarcerated, institutionalized, hospitalized, or home confined for the entire period of time between your 18th and 26th birthdays?

☐ Yes (Please Continue) ☐ No (SKIP to Section 4)

Please indicate the type of confinement and provide start and release dates. (Attach separate sheet if necessary)

☐ Institutionalized ☐ Incarcerated ☐ Hospitalized ☐ Home Confined

_____ to _____ _____ to _____ _____ to _____

_____ to _____ _____ to _____ _____ to _____

SECTION 4 - TRANSGENDER

The Military Selective Service Act, including the requirement to register, applies to all individuals who were designated male at birth. If you were born female and have transitioned to male, you must provide a copy of your female birth certificate (or medical documentation to show that a transition has taken place) and legal documentation to show any changes to your name.

My sex at birth was:

☐ Male ☐ Female (I have or will transition to male)

SECTION 5 - US CITIZENSHIP & IMMIGRATION STATUS

The Selective Service System does not share any information about an individual's immigration status with outside agencies such as U.S. Immigration and Customs Enforcement (ICE).

Are you a citizen of the United States by birth (born in the US, or overseas to qualifying US parents)?

☐ Yes (SKIP to Section 6) ☐ No (Please continue)

Did you become a Naturalized Citizen more than 30 days before your 26th birthday?

☐ Yes _____ (SKIP to Section 6) ☐ No (Please continue)
Naturalization Date

Did you become a Permanent Resident (Green Card Holder) more than 30 days before your 26th birthday?

☐ Yes _____ (SKIP to Section 6) ☐ No (Please continue)
Resident Since Date

You must provide documentation to support your claim. Valid documentation includes the date of entry stamp in your passport or visa, I-94, or I-20 with date of entry stamp, or any other official document that was accepted, stamped, or signed by USCIS and clearly states your arrival date. If you submit the electronic version of the I-94, you must include the accompanying travel history. **Please note, your Permanent Resident Card (Green Card) cannot be used to document the date you arrived in the United States, even if the dates are the same.**

If you entered the United States illegally, undocumented, without inspection, or for any other reason you cannot show proof of your arrival date, you must provide documentation that shows you were living outside of the United States for each year between your 18th and 26th birthdays. This could include school records, employment records, rent and utility receipts, participation in a health insurance plan, tax returns, etc.

When did you first enter the United States and what was your immigration status?

_____ _____
Arrival Date USCIS Status

Was the above date **later than** 30-days before your 26th birthday?

☐ Yes, I was **never** in the United States (at any time, in any status) **prior to** this date. (Skip to Section 6)

☐ No (Please continue)

Was the above arrival date **earlier than** your 18th birthday **AND** you left the country prior to your 18th birthday **AND** you did not return to the United States (at any time in any status) until **after** the date that was 30 days before your 26th birthday?

☐ Yes, I was never in the United States (at any time, in any status) between my 18th birthday and 30 days before my 26th birthday.

_____ _____
Arrival Date USCIS Status

(Skip to Section 6)

☐ No (Please continue)

For each period shown, you must provide documentation that shows you entered the United States as a valid non-immigrant and that you adhered to the terms of your visa. For example, if you entered the United States as an international student and remained in that status until your 26th birthday, you would need to provide documentation indicating that you were admitted on an F-1 visa, attended school full-time as required, and either left the country or changed status when required. Acceptable documents may include copies of your I-20s, visa, and transcripts, or a letter from the school stating the dates you attended there as a full time international student. If OPT is authorized, the copy of the I-20 must reflect this. If you were on an H-1 visa, you must provide documentation of your arrival/start date and a copy of the approved "Notice of Action", an official company letter showing your authorized dates of employment, or a W2 form showing you worked for the company that sponsored your visa.

The same applies for all non-immigrant statuses held. You must show your arrival/start date and documentation that shows you remained in good status for the entire period. If you left the country, send a copy of the date stamp showing your arrival back

into your country. If you remained in the US and requested a change of status, send a copy of the approved “Notice of Action” you received from USCIS.

You must include any times that you entered the United States illegally or without inspection, (no documentation is necessary). Likewise, you must list any times when you violated the terms of your visa, overstayed your visa, or for any other reason became an undocumented immigrant.

You should provide as much information as possible. We will use the information you send to determine your registration status. For a list of acceptable documents, please see our List of acceptable documents.

Please list your immigration history showing all arrivals, departures and other changes in status, starting with the date of arrival that first put you in the United States between your 18th and 26th birthdays and continuing until you were past your 26th birthday. Use a separate sheet if necessary.

Arrival / Start Date	Good Until Date	Departure / End Date	USCIS Status

SECTION 6 - REASON FOR FAILURE TO REGISTER BEFORE AGE 26

Provide a written explanation for not registering with the Selective Service System. If you believe you did register, please provide a detailed explanation in the space provided below stating when, where, and how you registered. Include all addresses you may have used at that time.

_____

_____

_____

_____

SECTION 7 - YOUR SIGNATURE

Sign, date, and return this form to the address listed below with copies of ALL supporting documents showing proof of your claim. You may include any other supporting information you would like us to consider. IMPORTANT: Do not send original documents. The Selective Service System may not return original documents. You should retain a copy of all documents and correspondence submitted.

Signature _____ Month / Day / Year _____

Selective Service System
ATTN: SIL
PO Box 94638
Palatine, IL 60094-4638

HELPFUL INFORMATION

- Please print this form. This form cannot be submitted online. Please type all requested information on the form before printing. ATTACH A COPY of all supporting documentation (**DO NOT submit originals)**, and mail them to the address provided.
- This form is for use only by men born after December 31, 1959, who are not registered and are now 26 years and older or transgender who were born females.
- This form is not a registration form. Submitting this form will not register you with the Selective Service System.
- We will issue a Status Information Letter based on the information you provide. KEEP the original copy in your permanent files for future reference.
- If you are denied a right, benefit, or privilege because you are not registered, submit a copy of your Status Information Letter from the Selective Service System, and a separate letter in which you explain, to the best of your ability, the reasons for your failure to register to the agency administering the right, benefit, or privilege. That agency, NOT the Selective Service System, will make the final determination regarding your eligibility. The Selective Service System does not approve, disapprove, or make any recommendations to determine your eligibility for any right, benefit, or privilege you are seeking.
- Immigrant men over the age of 31 who are seeking naturalization and who did not register are no longer required to provide a “status information letter” or documentation of their status from the Selective Service System to USCIS. If asked for a status information letter, these men may print a form letter concerning their request for a letter for use with USCIS from http://www.sss.gov.

SELECTIVE SERVICE WAIVER

Applicant Name: _____ Age at time of WIOA Application: _____

1. Does Applicant have Status Information Letter? ☐ YES ☐ NO
(If NO, Applicant must first contact Selective Service and request a Status Information Letter.)
2. Does Applicant have justification for not applying for Selective Service? ☐ YES ☐ NO
(If No, do not proceed)
3. What documentation does Applicant have to determine if-failure to register was "knowing" and "willful"? Check all that apply - (If Applicant does not have all necessary documentation, do not proceed)

☐ Status Information Letter (required)

AND

☐ A written explanation and supporting documentation of circumstances at the time registration was required and the reasons for failure to register. Applicant Statement is an acceptable form of documentation.

OR

☐ Documentation verifying honorable discharge from the U.S. Armed Forces (Form 00214 or other evidence of Honorable Discharge).

OR

☐ Third Party Affidavit from parents, teachers, employers, doctors, etc. concerning reasons for not registering.

4. To determine if the individual's failure to register was knowing and willful, complete the following:
   a. Was the individual aware of the requirement to register? ☐ YES ☐ NO
   b. If the individual knew about the requirement to register, what was the reason he did not register?
   _____
   c. On which date did the individual first learn that he was required to register? _____
   d. Where did the individual live between the ages of 18 and 26? _____
   e. Does the Status Information Letter indicate that Selective Service sent letters to the individual at that address and did not receive a response? ☐ YES ☐ NO
   f. Does the failure to register appear deliberate and intentional? ☐ YES ☐ NO
   g. Did the individual have the mental capacity to choose whether to register or not register? ☐ YES ☐ NO
   h. What actions, if any, did the individual take when he learned of the requirement to register?
   _____
5. Based on the evidence presented does it appear the failure to register was knowing and willful? ☐ YES ☐ NO

If the evidence shows the failure to register was not knowing and willful, forward to Supervisor for final determination. If the evidence shows the failure to register was knowing and willful, make appropriate referrals to other Community agencies for services beyond core services.

To Be Completed by Supervisor

I have reviewed the documentation and have determined the individual:

☐ Meets the requirements to be served under Title I WIOA

☐ Does not meet the requirements and the appropriate referral was made.

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

OMB Control No. 3095-0071
Expiration Date: 10-31-2024

SELECTIVE SERVICE SYSTEM RECORDS REQUEST
Year of Birth Prior to 1960

Provide the following information and mail this form with any attachments to:

National Archives & Records Administration
National Archives – Saint Louis
P.O. Box 38757
Saint Louis, MO 63138-0757

DO NOT PROVIDE CREDIT CARD INFORMATION; IF RECORDS ARE FOUND, YOU WILL RECEIVE A REQUEST FOR PAYMENT

A. REGISTRANT INFORMATION (PLEASE PRINT)

Name: _____ _____ _____
Last **First** **Middle**

Selective Service Number (if known): _____

Date of Birth (MM/DD/YYYY): _____

Home Address at Time of Registration: _____
Street Address

_____ _____ _____
City **County** **State**

Place of Registration (if known): _____
Street Address

_____ _____ _____
City **County** **State**

B. RECORD REQUESTED
Please check one block

- ◯ **Registration Card**
- ◯ **Classification Ledger**
- ◯ **Registration Card AND Classification Ledger**

C. REQUEST PURPOSE

D. CONTACT INFORMATION (PLEASE PRINT)

Name: _____ **Telephone Number:** _____

E-Mail Address: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

E. REQUESTER SIGNATURE
(Only if the Requester is the Registrant)

PRIVACY ACT AND PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENTS

Collection of this information is authorized by 44 U.S.C. 2104(a). Disclosure of this information is voluntary; however, we will be unable to respond to your request if you do not furnish your name and address, and the minimum required information regarding the record. The information is used by NARA employees to search for the record, to respond to you, to maintain control over requests received and answered, and to facilitate preparation of internal statistical reports. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be two minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS

San Joaquin County worknet

A proud partner of the America's JobCenter network of California℠

San Joaquin County Employment & Economic Development Department (WorkNet/AJCC) GRIEVANCE AND COMPLAINT PROCEDURES

Workforce Innovation and Opportunity Act (WIOA), 20 Code of Federal Regulations (CFR) Proposed Rules, Section 683.600, requires that recipients of WIOA funds establish and maintain hearing and appeal procedures for handling program related grievances/complaints, except for grievances related to Job Corps. WIOA Proposed Rules 20CFR 683.600 defines the requirements for both the local and State grievance procedures.

San Joaquin County WorkNet/America's Job Center of California (AJCC), in compliance with WIOA federal regulations and State directives, has established a grievance/complaint procedure for the prompt review, impartial consideration and equitable disposition for complaints (administrative and/or Equal Employment Opportunity) presented by a complainant in any WorkNet Center under WIOA §181(c) (1). This does not cover complaints concerning fraud and abuse or alleged discrimination due to participant disabilities.

- At all levels of the grievance/complaint process, complainants have the right to be represented, at their own expense, by a person or persons of their choosing.
- All complainants have the right to technical assistance provided at no cost by WorkNet/AJCC.
- Grievances/complaints must be filed within **one (1) year** of the alleged violation. All grievances/complaints, amendments and withdrawals must be in writing.

I. Filing the Grievance/Complaint

Grievances/complaints must be in writing, signed and dated. The date the grievance/complaint is received by WorkNet, its service providers, One-Stop partners or subrecipients, shall be considered the date of filing. The grievance/complaint shall be considered a request for hearing. WorkNet/AJCC shall issue a written decision within sixty (60) days of the filing date.

A. Complaint Information

1. The grievances/complaints must provide the following in the original filing:
   a. The full name, telephone number and mailing address of the complainant;
   b. Full name, telephone number and mailing address of the agency and person involved (respondent);
   c. A statement of allegations in a clear and concise statement of the facts, including dates and any supporting documentation available;
   d. What the complainant believes are the violation(s) of the Act, regulations, labor standards, grants or agreements, to the best of the complainant's knowledge;
   e. Grievances/complaints against individuals, including participants or staff shall indicate how those individuals did not comply with the WIOA law, regulation or contract; and
   f. Remedy sought by the complainant.

B. Timeline for filing original complaint

1. Any absence of the required information shall constitute grounds for dismissal of the grievance/complaint.
2. The written complaint must be made within one (1) year of the alleged occurrence.
3. Complaints alleging discrimination on the basis of a participant's disability must be filed within 180 days of occurrence.
4. A complainant has the right to withdraw their grievance/complaint in writing at any time prior to the formal hearing.
5. Grievances/complaints may be amended to clarify issues, but not to add new allegations.
6. All complaints submitted to WorkNet/AJCC must be mailed to:
   Stockton WorkNet Center, Attention: Patricia Virgen, 6221 West Lane, Suite 105, Stockton, CA 95210.

C. Informal resolution of the complaint

1. WorkNet/AJCC shall notify the complainant and the respondent of the opportunity for an informal resolution.

2. Respondents must make good faith efforts to resolve all grievances/complaints prior to the scheduled hearing. Failure on the part of either party to exert good faith efforts shall not constitute a basis for dismissing a grievance or complaint, nor shall it be considered to be a part of the facts to be judged in the resolution process.
3. WorkNet/AJCC shall ensure that any grievance/complaint not resolved in the informal resolution process, shall be provided a formal hearing, regardless of the merit of the grievance/complaint.
4. When a complaint has been resolved through the informal resolution process, WorkNet/AJCC shall attempt to contact the complainant and have them provide a written withdrawal of the complaint within 10 days of the receipt of the notice of resolution or impasse where a complainant decides not to proceed to an administrative hearing.

D. Hearing process

Complainant may have representation if desired. Both parties shall have the opportunity to examine relevant records and documents, to present written or oral testimony and to call and/or question witnesses. The hearing shall be recorded either mechanically or by a court reporter. If an informal resolution is not possible between the complainant and respondent, WorkNet/AJCC must notify the complainant in writing of the next formal procedural step in the grievance process.

II. Notice of Hearings

In the event a decision cannot be reached through the informal resolution process, WorkNet/AJCC shall:

A. Conduct a hearing by an impartial independent hearing officer within thirty (30) days of the filing a grievance/complaint.

B. Notify the complainant and respondent of the "Notice of Hearing" not less than ten (10) days prior to the date of the hearing by certified mail (return receipt requested). The time of the hearing may be earlier if mutually agreed to by both parties.

C. The following information shall be included in the written Notice of Hearing;

1. Grievances/complaint case number, name of complainant, name of respondent, date of grievance/complaint;
2. Date, time and location of the hearing before an impartial hearing officer and an opportunity to present evidence; and
3. A statement of the alleged violation(s). These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately.

D. A request for a five (5) day postponement may be granted either party upon a showing of good cause to the Hearing Officer, provided the hearing is still conducted within thirty (30) days of the filing of the grievance/complaint.

III. Rules of the Hearing

A. Shall be held in an informal manner;
B. The presentation of both written and oral testimony will be allowed:
C. Both parties may present witnesses and the right to cross-examine the witness; and
D. Both parties have the right to examine all relevant records and documents submitted.
E. The hearing will be recorded electronically or by a court reporter.

IV. Decision

A. The decision shall be made not later than sixty (60) days after the filing date (Note: Time spent in informal resolution efforts may not extend this time limit) and must include:

1. The names of the parties involved;
2. A statement of the alleged violation and any related issues;
3. A statement of facts;
4. The decision on the issue and the reasons for the decision;

5. Description of the corrective action, if necessary to comply with the decision; and
6. Notification that an adverse decision may be appealed by the complainant to the State Review Panel; and
7. Notice of the right to file a complaint with the ORC Regional Office pursuant to §144(c) of Public Law 97-300, within ten (10) days of the receipt of the decision when any party disagrees with the decision.

B. The decision shall be delivered to all parties by first class mail.

C. If the decision is not issued within sixty (60) calendar days of the date of the filing of the complaint, or if either party is dissatisfied with the local hearing decision, either party has the right to file an appeal with the State.

A State hearing may be requested by submitting a written notice of appeal to:
Chief, Compliance Review Office, MIC 22-M, Employment Development Department, PO Box 826880, Sacramento, CA 94280-0001

D. If the State Review Panel has issued an adverse decision regarding a grievance or complaint, or has not issued a decision within 60 days of receipt of a local level appeal, request for EDD review, or grievance or complaint, the complainant may file an appeal with the Secretary.

This appeal process applies to grievances and complaints that originated at the local or state level. Appeals of an adverse decision must be filed within 60 days of receipt of the adverse decision from the State Review Panel. In cases where the State Review Panel did not issue a decision, the complainant must file an appeal within 120 days of either of the following:

1. The date on which the complainant filed the appeal of a local level decision or request for EDD review with the state.
2. The date on which the complainant filed the grievance or complaint with the state.

All appeals to the Secretary must be sent to the DOL National Office via certified mail with return receipts requested. Copies of the appeal must simultaneously be provided to the DOL Employment and Training Administration (ETA) Regional Administrator and the respondent. Mailing addresses for the DOL National Office and ETA Regional Administrator are included below:

DOL National Office	Secretary of Labor Attn: Assistant Secretary of ETA U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210
ETA Regional Administrator	Office of Regional Administrator U.S. Department of Labor P.O. Box 193767 San Francisco, CA 94119-3767

3. Grievances or complaints filed directly with the Secretary that were not previously filed with the Local Area and/or state will be remanded to the Local Area or state, as appropriate. The Secretary shall issue a final determination no later than 120 days after receiving the appeal.

NO INDIVIDUAL SHALL BE DENIED SERVICE OR OTHERWISE INCUR RETALIATION BECAUSE OF HIM/HER EXERCISING HIS/HER RIGHT UNDER THE LAW TO FILE A COMPLAINT OR GRIEVANCE.

_____ _____

Signature Date