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| **WS 18-16** |
| **August 14, 2018** |
| **Basic & Expanded Service** |
| **Expires: Continuing** |

To: All Contractors

From: Mike Temple

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Subject: Complaint Processing Standards and Guidelines

Purpose

This Issuance provides guidance for processing complaints submitted to Workforce Solutions.

Background

Workforce Solutions expects staff at all levels to manage their operations so that customer service issues and complaints are resolved as expeditiously as possible as close to the service point as possible.

In any case in which a complaint cannot be resolved to a customer’s satisfaction at the service point, the customer may submit a written complaint for resolution.

All Workforce Solutions staff must assist any customer who requests help in filing a written complaint.

Process

Review the Complaint Processing Standards and Guidelines. This document is attached to this issuance.

Action

Ensure managers, supervisors and staff are aware of the information in the Complaint Processing Standards and Guidelines.

Questions

Staff should ask questions of their supervisors first. Direct questions for Board staff through the electronic [Issuance Q&A](http://www.wrksolutions.com/staff-resources/issuances/submit-a-question-issuances-qa).

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**Workforce Solutions**

**Complaint Processing Standards and Guidelines**

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# I. Standard

Workforce Solutions strives to deliver the highest quality service to our customers, helping Houston-Galveston area employers solve their workforce problems and area residents build careers so that both can compete in the global economy. To maintain this level of service, staff members’ daily work exemplifies the principles of good customer service:

* I AM Workforce Solutions to my customer
* I use my customer’s perspective to guide my work
* I understand the resources available throughout our system
* I can always help my customer even when I have to say “no”
* I learn from my mistakes and gain a better understanding of how to help my customer

On occasion, an internal or external customer may feel the service they received fell short of expectations. This standard outlines the process to file a complaint. This process does not apply to handling discrimination complaints; that process can be found in the Equal Opportunity Standards and Guidelines, as well as on the Orientation to Discrimination Complaint form.

We encourage all Workforce Solutions staff to resolve complaints when possible.

The Board staff will encourage complainants who have not spoken to the office manager and/or contractor management to do so; however, complainants may simultaneously file complaints with the office, contractor, Board, and appropriate state or federal agency.

# II. Overview

## Complaint Process Notification

Anyone may initiate a complaint for any reason, any time he or she is dissatisfied with Workforce Solutions’ service.

Workforce Solutions’ website gives information about how to file a complaint. During orientations that inform customers, employees, contractors, vendors, partners, and/or the public of Workforce Solutions’ service, staff will include a discussion of the right to file a complaint and the process to follow, including how to access the *Workforce Solutions Complaint Form*.

## Filing a Complaint

Complaints may come from any of the following individuals or groups:

* Customers
* Employers
* Staff
* Contractors
* Partners
* Vendors
* Complainants may make an informal verbal complaint either in person or over the telephone.
* Complainants must give us a formal complaint in writing and may give us a formal complaint:
* In person;
* Through mail, email, or fax;
* Online through “Contact Us” at [www.wrksolutions.com](http://www.wrksolutions.com).

Complainants may send us written complaints using the Workforce Solutions Complaint form or their own letters, notes, or memos.

## Appeals

All parties participating in the Workforce Solutions’ system have the right to appeal decisions made regarding complaints.

## Confidentiality

During the investigation of a complaint, Workforce Solutions staff will keep personal information confidential when possible. Do not use specific names of individuals when using a complaint for training purposes.

## Retaliation

Workforce Solutions will protect individuals who file complaints and those that take part in an investigation from retaliation.

## Record Retention

Contractors will keep all logs and records relating to written complaints for at least three 3 years from the complaint resolution date.

III. Processing Informal Complaints

We will address verbal complaints from or about customers, employers, staff, contractors, vendors, and partners in the Workforce Solutions’ system immediately. Staff should listen to the concern, apologize for the unpleasant experience, and attempt to resolve the situation to the complainant’s satisfaction, within the confines of Workforce Solutions operating guidelines.

If the complainant is not satisfied with the resolution, offer him or her the opportunity to send a formal complaint in writing.

# IV. Processing Formal Complaints – Contractors

Contractors must have a written process in place detailing how they will handle complaints, including those related to a denial, reduction, or termination of service; those about an employer, vendor, or other partnering agency; and those from staff. This process must include the following at a minimum:

* Immediately notifying appropriate Board staff of complaints received from outside sources such as government officials, educational institutions and employers.
* Designating a representative of the contractor management team to be contacted when the complainant prefers not to interact with the office manager.
* Providing an initial response to the complainant within one business day of receiving the complaint.
* Providing the complainant with a resolution within five business days of receiving the complaint.
	+ Notification must inform the complainant of the process to submit an appeal, if they are not satisfied with the resolution.
* Documenting any exception where the complaint can’t be resolved within 5 days, and providing a status update to the customer and Board staff.
* Documenting resolutions in TWIST counselor notes if the complainant is a customer.
* Tracking and logging written complaints and appeals on the customer service complaint log.

# V. Processing Formal Complaints – Board Level

The Board will process written complaints received at the Board level using the following steps.

1. Gather and document the details surrounding the complaint.
2. Notify and work with appropriate staff / partners to resolve the complaint. Unless documented otherwise, contractors must respond to the Board within five working days of receiving the complaint from the Board.
3. Workforce Solutions will send a final resolution notice to the complainant that includes the steps to be taken if they wish to file an appeal.
4. Record all written complaints on the customer service complaint log in SharePoint; complaints must be tracked and recorded all the way through resolution.

## Staff Complaints

The Board will refer staff complaints related to unfair treatment, working hours and conditions, or other similar topics to the contractor who employs those staff.

The Board will investigate staff complaints about how an office is being operated or the level of internal/external customer service.

## Vendor Complaints

The Board will make sure that vendors will have complaints or grievances heard without the threat of losing reimbursement.

## Complaints Originating at the State or Federal Level

The Board usually receives complaints from a state or federal agency. These complaints typically have a 24 to 48 hour reporting requirement.

# VI. Processing an Appeal – Board Level

We will process appeals received at the Board level using the following steps.

1. Upon receipt of an appeal, Board staff will investigate.
2. Within 10 business days, Board staff will send a letter to notify the complainant of the determination. The determination letter must include a:
* Summary of the complaint
* Description of the resolution or next steps
* Offer of a hearing
1. If the complainant is not satisfied with the determination, he or she has five business days to respond to the offer of a hearing.
2. The Board has five business days from the customer’s request to schedule a hearing. The hearing must be scheduled to take place no later than 30 calendar days following the request.
3. The Board will send a Notice of Hearing to all interested parties and scheduling an impartial hearing officer.
4. No later than 10 calendar days following the hearing, the Board must mail a written copy of the resolution to all interested parties; the letter must include steps on how to appeal the decision to TWC.

## Appendix - Appeal Forms & Letters

Workforce Solutions will notify complainants at appropriate stages during the appeal process using documents from the following list.

1. Appeal form
2. Appeal decision letter
3. Appeal hearing notification letter
4. Hearing decision letter

Name(Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN:\_\_\_\_\_\_\_\_\_\_

To request a review of Workforce Solutions’ decision, complete this form; additional pages may be included if more space is needed.

Submit form to the address listed below, or deliver in person to any Workforce Solutions career office.

We must receive your written request to review this decision within 15 calendar days of the date on this letter. We will notify you of our final decision within 10 business days of the date we receive your request for a review.

Workforce Solutions

Attn: Appeals

[Mailing Address]

[City, TX Zip code]

Fax [number], Email [address]

[ ]  If this box is marked and the law allows, Workforce Solutions will continue child care

financial aid until a final decision is made on your appeal. If the decision supports the denial of financial aid, you will be required to pay back the financial aid provided during the appeal process.

1. Decision you want reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Recommended solution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you submitting supporting documents you believe are relevant? [ ]  Yes [ ]  No
4. Method you prefer we use to contact you? [ ]  Mail [ ]  Email [ ]  Phone Call [ ]  Text

(standard text message rates and carrier fees may apply to text messages)

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

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Office**

**St. address, city, state, zip**

**999..999.9999 *phone* \* 999.999.9999 *fax***

[**www.wrksolutions.com**](http://www.wrksolutions.com)

Appeal Decision

[Month Date, Year]

[Customer Name]

[Address]

[City, State, Zip Code]

Dear [Title and Name]

We recently received an appeal from you requesting that we review the decision to [decision being appealed].

An examination of the records and evidence available discloses no reason to change the original decision. The decision to [state decision] stands.

OR

After an examination of the records and evidence available, we agree with your appeal. Please contact me by [enter date 15 days from the date of this letter] so that we can discuss next steps.

If you do not agree with this decision, you have a right to request an appeal hearing where you and/or your representative will have the opportunity to address your concerns. To request an appeal hearing, contact me within five business days of the date on this letter.

If you do not understand the decision made, you should immediately contact me at (xxx)xxx-xxxx ext. xx

Sincerely,

[Your Name], [Your Title]

[Your Phone Number & Fax Number]

[Your email address]

**Office**

**St. address, city, state, zip**

**999..999.9999 *phone* \* 999.999.9999 *fax***

[**www.wrksolutions.com**](http://www.wrksolutions.com)

Appeal Hearing Notification

[Month Date, Year]

[Customer Name]

[Address]

[City, State, Zip Code]

Dear [Title and Name]

In compliance with federal and state rules and Gulf Coast Workforce Board policy, we are sending you this letter to let you know that we have scheduled a hearing as follows:

 Nature of Hearing: [Decision being appealed]

 Date and Time of Hearing: [Day, Date, Time]

 Location of the Hearing: [Physical Address, Floor or Room Number, City]

OR

[Telephone hearing – Telephone number xxx-xxx-xxxx extension xx]

The purpose of this hearing is to provide you and/or your representative with the opportunity to address your concern with [the decision being appealed]. Submit all support documentation for your hearing to my fax at (xxx) xxx-xxxx or send documents to the address in this letterhead. We must receive your documents no later than the Friday before your hearing date. Any Workforce Solutions office can help you fax documents.

On the date of the hearing, [call the telephone hearing number above] OR [arrive at the listed hearing location] at the stated time and ask for me. If you are unable to participate in the hearing on the date arranged, contact me at the telephone or address listed at the top of this letterhead, or email me at [xxx@wrksolutions.com].

Please be prepared to present evidence and facts related to why you believe this decision should be overturned. Enclosed for your information are the hearing guidelines.

Sincerely,

[Name]

Hearing Officer

Enclosure

Appeal Hearing Process

1. The hearing officer will record the hearing.
2. There is a time limit of 20 minutes for each party to present evidence.
3. Parties needing special accommodations, including the need for a bilingual or sign language interpreter, must make the request to the hearing officer before the date of the hearing is set, if possible, or as soon as practical after the date is set, but no later than 48 hours before the hearing.
4. The parties will conduct themselves appropriately during the hearing.
5. The parties may be represented by an attorney or other designated representative.
6. Within the limitations of the Freedom of Information Act, the parties and/or those parties’ representatives have a right to access relevant records and documents related to the initial complaint.
7. The parties to the appeal have the right to an opportunity to present evidence relevant to the appeal, call witnesses, and cross-examine other parties and their witnesses.
8. The hearing officers may question any party to the appeal at any time, otherwise each speaker will be allowed to speak without interruption from others.
9. Workforce Solutions will maintain confidentiality of all information contained in the hearing record in accordance with federal and state law.
10. Workforce Solutions will notify the parties in writing of the hearing officer’s decision within 10 days of the hearing. Workforce Solutions will also notify the parties in writing of the right to file an appeal with the Texas Workforce Commission.

Appeal Hearing Decision

[Month Date, Year]

[Customer Name]

[Address]

[City, State, Zip Code]

Dear [Title and Name]

In compliance with the Texas Workforce Commission rules, Chapter 823 Integrated Complaints, Hearings, and Appeals and the Gulf Coast Workforce Development Board complaint policies, we scheduled a hearing for you on [Date, Time]

**CASE HISTORY:** [enter a short paragraph that states the decision that was appealed. Include the date the original decision was made and the date of the appeal]

**FINDINGS OF FACT:** [State the facts of the case as we see them and as the customer believes the facts. Include the dates we communicated with the customer about the issue under review and/or our attempts to contact the customer; include the method we used i.e. telephone message, text, email, letter]

**CONCLUSION:** An examination of the record and evidence available discloses no reason to change the original decision. The decision to [state decision] for [Ms./Mr. xxxxx] stands because [state reason]. OR

We agree with your appeal. Please contact me by [enter date 15 days from the date of this letter] so that we can discuss next steps.

**DECISION:** The determination made by Workforce Solutions is in all respects affirmed. OR

The determination made by Workforce Solutions is overturned.

**RIGHT TO APPEAL:** You have a right to appeal if you do not agree with our decision. You can file an appeal in writing to TWC Appeals, Texas Workforce Commission, 101 East 15th Street, Room 410, Austin, Texas 78778-0001, within 14 calendar days from the date of this letter.

If you do not understand the decision made, you should immediately contact me at (xxx)xxx-xxxx ext. xx

Sincerely,

[Your Name], [Your Title]

[Your Phone Number & Fax Number]

[Your email address]