



**EMPLOYMENT AND
ECONOMIC DEVELOPMENT**

MN Workforce ES and WIOA Complaints Process

Jeanna Fortney | CareerForce Division Director

Heather Stein | Director of Diversity and Equal Opportunity



What Governs the Work We Do?

- Employment Service and MSFW Complaints
 - [29 CFR Part 658 Subpart E](#)
- WIOA Program Complaints
 - [20 CFR 683.600](#)
- WIOA Discrimination Complaints
 - [29 CFR 38](#)

Which entities must comply with WIOA complaint processes?

- Any entity that receives WIOA Title I [financial assistance](#), in whole or in part, including:
 - State-level agencies that administer, or are financed, by WIOA Title I funds
 - State and Local Workforce Development Boards (LWDA) and LWDA grant recipients
 - Unemployment Insurance
 - One-Stop Operators
 - Service providers, including eligible training providers
 - On-the-Job Training employers
 - Programs and activities, that are part of the One-Stop delivery system that are operated by One-Stop partners.

Who can file a complaint under the WIOA Complaint System

- Registrants
- Applicants
- Participants
- Subrecipients
- Grant Applicants
- Applicants for Employment
- Employees

Who Can File a Complaint Under the Employment Service (ES) Complaint System?

- Migrant Seasonal Farmworkers (MSFW)
- Customers who have used MNWorks for job search and have an employment law concern with the employer they were referred to
- Customers who obtained employment services through careerforcemn.com
- Customers who have received employment services through the local CareerForce location.

Funding determines what complaint process to follow

	Employment Service (ES) Complaint	WIOA Program Complaint	WIOA Discrimination Complaint
Funded by	Wagner Peyser funds	WIOA Title I funds, in whole or in part	WIOA Title I funds, in whole or in part
Examples Include	<ol style="list-style-type: none"> 1. An issue against an employer that an applicant was referred to through the MnWorks 2. A failure to comply with ES regulations 3. Violation of Employment-Related Laws by the employer a customer was referred to 4. A complaint by a MSFW. 5. Dissatisfied with services received by a JS employee 	<ol style="list-style-type: none"> 1. Disagree with eligibility requirements. 2. Dissatisfied with the WIOA services provided. 3. Dissatisfied with services provided by a one-stop partner 	<ol style="list-style-type: none"> 1. Denied services or experienced adverse action because of a protected basis 2. Did not receive a reasonable or religious accommodation 3. Was not allowed into a training program because of age or disability 4. Not provided language assistance
Procedure to follow	ETA Regulations at 20 CFR parts 652, 653, 654, 658 and 29 CFR 75	ETA Regulations at 20 CFR Subpart F, Sec 683.600	CRC Regulations at 20 CFR 38

Examples of Employment Laws

- Americans with Disabilities Act
- Age Discrimination in Employment
- Equal Pay Act of 1963
- Employee Polygraph Protection Act
- Family and Medical Leave Act
- Title VII of the Civil Rights Act
- Pregnancy Discrimination Act
- Fair Labor Standards Act
- Occupational Safety and Health Act

Complaint Types

1. Employment Service Complaint

- The complainant is a universal customer, an applicant, or participant in a program funded by Wagner Peyser, including Migrant Seasonal Farmworkers
- Complaints about employment services provided at a CareerForce location.
- The customer alleges there is a violation of the ES regulations and/or other Federal laws enforced by the USDOL Wage and Hour Division, OSHA, or other Federal, State, or local agencies enforcing employment-related laws.
 - Complaints are referred to the CareerForce Information and Assistance (CIA) Team
 - Any complaints alleging discrimination must be forwarded to DEED.ODEO@state.mn.us

2. WIOA Program Complaint

- Customer complaint, not based on a protected class, against DEED or any partner that is part of Minnesota's One-Stop system.

3. WIOA Discrimination Complaint

- Customer is an applicant or participant in a program funded by WIOA
- Customer complaint is based on a protected class, against DEED, DEED employee, or any partner that is part of Minnesota's One-Stop system
- Customer alleges violations of WIOA Section 188 Nondiscrimination and Equal Opportunity laws, Minnesota Human Rights Act, or Minnesota Women's Economic Security Act

Harassment and Discrimination Prohibited- Protected Classes

- Race
- Color
- Religion
- National Origin (including Limited English Proficiency)
- Sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, gender identity, or sexual harassment)
- Age
- Disability, including providing reasonable accommodations
- Political affiliation or belief
- Any beneficiary of, applicant to, or participant based on citizenship status or participation in WIOA –financially assisted program
- Creed
- Marital Status (Employment or Education)
- Familial Status (Employment only)
- Status with regard to public assistance
- Membership or activity in a local human rights commission (Employment only)
- Genetic information (Employment only)

Discrimination Complaints

Recipients and providers must not discriminate based on protected classes.

Examples include:

- Deciding who will be admitted, or have access to, a WIOA financially assisted program or activity;
- Providing or withholding opportunities or access to any program or activity, funded by WIOA Title I funds, that is based on a protected class and leads to an adverse impact.
- Making employment decisions in the administration of, or in connection with, a program or activity.

Steps for Complaint Processing

- 1) Identify the type of complaint.
- 2) Provide the appropriate complaint form and offer help to complete it (WIOA) or refer to the CIA Team (ES).
- 3) Refer them to the proper point of contact agency or forward the complaint to ODEO at DEED.ODEO@state.mn.us.

Refer to MN ES Complaints System Decision Tree for more detailed guidance-coming soon!

Who responsible for addressing these complaints?

1. NEW: Employment Service Complaints, including MSFW complaints are taken by the CareerForce Information and Assistance (CIA) Team.
 - Exception: Complaints alleging discrimination should be referred to the ODEO.
2. WIOA Program Complaints go to the local level EO Officer (if no protected class is referenced).
 - ODEO can be contacted for guidance if there are questions.
3. WIOA Discrimination Complaints go to Office of Diversity & Equal Opportunity (ODEO)
 - ODEO will determine if the complaint should go to the local-level

Refer to MN ES Complaints System Decision Tree for more detailed guidance.

Posting Requirements

NEW Employment Service and MSFW Poster- Required by April 1, 2024

WIOA Discrimination Complaint Poster

**FILE A
COMPLAINT**
Employment Service and Employment Related Law Complaint System

IF YOU HAVE A COMPLAINT ABOUT:

- Employment Services at this office, or
- An Employer
 - Any employment-related law, or
 - An employer the Employment Service program referred you to.

Contact the manager or the following Complaint System Representative:

Complaint System Representative Contact Information:

Attention: First and Last Name _____
Telephone: (XXX) XXX-XXXX _____ Extension XX _____
Email Address: _____
Mailing Address: _____

Examples:

✓ Wages	✓ Employer-Provided Transportation or Housing	✓ Discrimination
✓ Working Hours	✓ Child Labor	✓ Trafficking
✓ Workplace Crimes	✓ Pesticides	✓ Sexual Harassment/Coercion/Assault
✓ Wrongful Termination	✓ Health/Safety	✓ Other
✓ Contract Compliance		

*Any individual, employer, organization, association, or other entity can file a complaint. A complainant may choose an individual to act as their representative.
This Employment Service office can also help you to find other employment, training, and supportive services to obtain food, shelter, clothing, and other necessities.

PROTECTIONS FOR COMPLAINANTS:

- If you make a complaint or give information related to, or assist in, an investigation of a complaint, your identity will be kept confidential to the fullest extent possible under current law and as necessary to determine the complaint fairly.
- Federal laws prohibit employers from retaliating (taking negative actions) against employees who report employment-related complaints. If you experience retaliation from an employer, notify the complaint representative.

If you have any concerns about this complaint process, please contact your State Monitor Advocate:

State Monitor Advocate Name: _____ Telephone: _____
Email Address: _____

*Language assistance is available free of charge.
For information on interpretation and translation services, contact:

Name: _____ Telephone: _____

AmericanJobCenter



EMPLOYMENT AND TRAINING ADMINISTRATION
UNITED STATES DEPARTMENT OF LABOR

mn EMPLOYMENT AND ECONOMIC DEVELOPMENT

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Local Equal Opportunity (EO) Officer:

WIOA EO Officer:

Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 180 E 5th St Suite 1200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), karen.lilledahl@state.mn.us

or

State EO Officer:

Heather Stein, DEED, Office of Diversity & Equal Opportunity, 180 E 5th St Suite 1200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), heather.stein@state.mn.us

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Contact Information on the ES Complaints Poster

Contact the manager or the following Complaint System Representative:

Complaint System Representative Contact Information:

Attention: First and Last Name	CareerForce Information and Assistance		
Telephone: (XXX) XXX-XXXX	651-259-7500	Extension XX	
Email Address:	careerforce@state.mn.us		
Mailing Address:	CareerForce Information and Assistance, 180 E 5th Street, Suite 1200, St. Paul, MN 55101		

Contact the Career Force Information and Assistance line to connect with a Complaint System Representatives for Employment Service Complaints.

PROTECTIONS FOR COMPLAINANTS:

- If you make a complaint or give information related to, or assist in, an investigation of a complaint, your identity will be kept confidential to the fullest extent possible under current law and as necessary to determine the complaint fairly.
- Federal laws prohibit employers from retaliating (taking negative actions) against employees who report employment-related complaints. If you experience retaliation from an employer, notify the complaint representative.

If you have any concerns about this complaint process, please contact your State Monitor Advocate:

State Monitor Advocate Name:	Lidibette Guzman		
Email Address:	lidibette.guzman@state.mn.us	Telephone:	651-259-7592

***Language assistance is available free of charge.**

For information on interpretation and translation services, contact:

Name:	CareerForce Information and Assistance	Telephone:	651-259-7500
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Lidibette Guzman is the State Monitor Advocate.

Language assistance is available through the CIA team.

What Complaint Form should be Used?

- Employment Service Complaint Form



U.S. Department Labor
Employment and Training Administration

OMB Approval No. 1206-0039
Expiration Date: 02/28/2027

For Official Use Only Complaint/Apparent Violation Form¹

Complaint/Apparent Violation No.		Date Received
Part I. Contact Information²		Respondent's Information³
1. Name of Complainant (Last, First, Middle Initial) ⁴		4. Name of Person, Company, or Agency the Complaint is Made Against
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer (if different from Part I #4 above) /One-Stop Office
b. Temporary Address (if Appropriate)		6. Address of Employer/One-Stop Office
3a. Permanent Telephone () - () - () - ()	b. Temporary Telephone () - () - () - ()	7. Telephone Number of Employer/One-Stop Office () - () - () - ()
8a. Description of Complaint or Apparent Violation (if additional space is needed, use separate sheet(s) of paper and attach to this form)		

8b. I hereby give authorization to: _____ to act on my behalf regarding this complaint.
Phone #: _____ Address: _____

Certification I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant ⁵	10. Date Signed / /
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¹ For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.
² If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.
³ For definition of "Respondent" see 20 CFR 651.10.
⁴ Pursuant to 658.400(d), "A complainant may designate an individual to act as his/her representative." If the complainant has a designated representative, the name and contact information of the designated representative must be provided in 8b.
⁵ No signature is required at Part 9 if this form is submitted as an Apparent Violation. If the form is submitted as a complaint and a designated representative is acting on behalf of the complainant, the designated representative must sign here.

- WIOA Discrimination Form



WIOA Discrimination Complaint Form

You have the right to receive fair treatment in programs and services funded by the Workforce Innovation Opportunity Act (WIOA) which is a federal program. You have a right to file a complaint when you feel that you were treated unfairly because of something about you, such as your race, color, religion, disability, sex, etc. **Please read the form carefully. Type or print your answers in blue or black ink. Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages.**

If a question or field has a star next to it, you must answer that question. You do not have to answer the other questions, but if you do, it will help us to process your complaint. If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a."

*1. Are you the complainant or a representative of the complainant? Please check the correct box.

Complainant Representative of the Complainant

*2. Please give your name and the other information we ask you for on the lines below. If you are a representative, please give the complainant's name and contact information in this section, and your own name and contact information in section 2A.

<input type="text"/>	<input type="text"/>
Complainant's Name	Telephone Number where we can reach you
<input type="text"/>	<input type="text"/>
Street Address	City State Zip code
<input type="text"/>	<input type="text"/>
Email Address	Best Time to Contact You
<input type="text"/>	<input type="text"/>
Name and contact information for someone we can contact if we cannot get in touch with you	

2A. If you are the complainant's representative, please give your name and contact information in this section, and attach a letter or other document signed by the complainant, authorizing you to serve as his or her representative.

<input type="text"/>	<input type="text"/>
Representative's Name	Representative's Organization (if any)
<input type="text"/>	<input type="text"/>
Street Address	City State Zip code
<input type="text"/>	<input type="text"/>
Telephone number(s) where we can reach you. (Do not give your work number if you don't want us to call you there.)	
<input type="text"/>	<input type="text"/>
Email Address(es)	Best Time to Contact You
<input type="text"/>	<input type="text"/>

Key Contacts

- Employment Service Complaint Service Representative, Supervisor

CareerForce Information and Assistance , 651-259-7500, CareerForce@state.mn.us

- State Monitor Advocate/Migrant Seasonal Farmworker Contact

Lidibette Guzman, 651-259-7592, Lidibette.Guzman@state.mn.us

- Local Workforce Development Area (LWDA) Equal Opportunity Officers

Access contacts here: [Local Equal Opportunity Officers](#)

- WIOA Compliance Manager

Karen Lilledahl, 651-259-7089, Karen.Lilledahl@state.mn.us

- State-Level Equal Opportunity Officer

Heather Stein, 651-259-7097, Heather.Stein@state.mn.us

If unsure what type of complaint you have, contact DEED.ODEO@state.mn.us

Thank You!

Jeanna Fortney | 651.259.7379 or Jeanna.Fortney@state.mn.us

Heather Stein | 651-259-7097 or Heather.Stein@state.mn.us

Questions? Contact DEED.ODEO@state.mn.us or CareerForce@state.mn.us