

ORANGE COUNTY  
**OC Community Resources**  
*Our Community. Our Commitment.*

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November 16, 2018

**To:** SSA Subrecipients of the Orange County  
Development Area

**From:** Brian Rayburn  
Interim Director

**Subject:** **Complaint Policy for Social Services Agency  
(SSA)-Funded Projects  
Information Notice No. 18-OCDB-03  
Supersedes Information Notice No. OC-SSA-01**

**PURPOSE:**

This policy provides guidance to all OCCR – Community Investment Division (CID) subrecipients of Social Service Agency (SSA)-funded projects such as the Employment Preparation Program (EPP), Vocational Training (VTR), and Work Experience (WEX) regarding handling of complaints received from clients.

This policy supersedes Information Notice No. OC-SSA-01 dated November 6, 2014.

**EFFECTIVE DATE:**

This notice is effective on the date of issuance.

**REFERENCES:**

- Titles VI and VII of the Civil Rights of 1964
- "Your Rights" Pamphlet (Publication 13)
- Memorandum of Understanding between Social Services Agency (SSA) and Orange County Community Resources

**BACKGROUND:**

The CID, through a Memorandum of Understanding (MOU) between the OCCR and SSA, implements and administers employment services to CalWORKs Welfare-to-Work (WtW) participants such as Employment Preparation Program (EPP), Vocational Training (VTR), and Work Experience (WEX). SSA programs including EPP, VTR, and WEX are administered based on State and Federal laws and regulations, including Titles VI and VII of the Civil Rights of 1964.



**OC Community Services**  
1300 SOUTH GRAND, BLDG. B  
SANTA ANA, CA 92705  
PHONE: 714.480.6550  
FAX: 714.480.2978

## **POLICY AND PROCEDURES:**

### **“Your Rights” Pamphlet (PUB 13)**

The “Your Rights” Pamphlet [(PUB 13)] describes the rights of and provides information for “people applying for or receiving public aid in California” including participants of the employment services projects such as EPP, VTR, and WEX. The pamphlet is available (in different languages) on this site:

<http://www.cdss.ca.gov/inforesources/Civil-Rights/Your-Rights-Under-California-Welfare-Programs>

### **Notice and Communication Requirements**

Initial and continuing notice about the information in “Your Rights” Pamphlet and the complaint process must be:

- Posted in prominent locations where SSA-funded projects are administered and implemented;
- Disseminated to appropriate staff in internal memoranda and other written or electronic communications;
- Included in applicable handbooks and manuals, brochures, broadcasts, and other communications;
- Made available to each participant; and
- Included in each participant’s file. A copy of acknowledgement of receipt (Attachment 1) must be signed by the participant. Where the participant’s file is maintained electronically, a record of such notice shall be documented in the participant’s file.

### **Complaint Process**

- All complaints shall be responded to, recorded, and investigated. The records shall be maintained by a designated staff.
- Applicable required timeline in filing and handling of complaints should be observed and enforced. Civil Rights complaints must be made within 180 days of the discrimination.
- Promptly notify CID of any civil rights complaints. CID will notify SSA.
- Efforts should be exerted to ensure that problems or issues with clients and providers are discussed and resolved informally.
- If the client or provider chooses to file a complaint formally, a complaint form should be completed (Attachment 2A or 2B). Assistance should be provided in completing the form. Subrecipient staff will provide the complainant any necessary information and assistance to put their complaint or grievance in writing, if assistance is requested.
  - Ensure that required information is provided. A written complaint or grievance must include, at a minimum, the following: (1) Complainant’s full name, address, and phone number(s); (2) The full name and address of the agency or party they are complaining against; (3) Basis of the complaint and a clear statement of the facts, including dates; (4) Name(s) and contact

information of individuals who may have knowledge of the incident/complaint; and (5) Signature of the complainant.

- Written complaint or grievance must be mailed to the Contractor's mailing address or to the CID administrative office (1300 S. Grand Ave, Bldg. B, 3<sup>rd</sup> Floor, Santa Ana, CA 92705).
- Within two days of receipt of the complaint or grievance, an informal conference with the Program Supervisor will be held to resolve the matter.
- If the complaint or grievance is not resolved during the informal conference, the complainant may request a hearing.
  - A hearing with an impartial hearing officer will be provided within two days following the informal conference.
- If the complainant is dissatisfied with the decision, he/she may proceed to file the grievance/complaint with the Social Services Agency or the State.

### **Complaint Log**

Complaint Logs (Attachments 3A and 3B) must be maintained by the subrecipients to track complaints received, corresponding action taken, and resolution of issues. This will be submitted to the CID office, as a formal report, within 7 days of the complaint. CID will send formal report to SSA within 10 days of the complaint.

The log must include: (1) Name and address of the complainant; (2) Grounds of the complaint; (3) Description of the complaint; (4) Date complaint was filed; (5) Disposition and date of disposition of complaint; and (6) any other pertinent information.

***CID requires that all recipients maintain a copy of a complaint log annually (calendar year). If no complaint was filed for the calendar year, recipients will note 'None to report' for the calendar year. Logs must be available, for review, at the request of the CID. Recipients shall use CID's Complaint Log (Attachments 3A & 3B).***

***Submit logs by January 10<sup>th</sup> annually, to [OCDB@OCCR.OCGOV.COM](mailto:OCDB@OCCR.OCGOV.COM) and cc the respective CID Program Manager/Administrator.***

Retain records, including records of complaints, for a period of not less than three years from the close of the applicable program year or date of resolution of complaint.

### **ACTION:**

Bring this policy to the attention of all affected staff and all relevant parties.

### **INQUIRIES:**

If you have any questions regarding this policy, please contact your Contract Administrator at (714) 480-6500.

**ATTACHMENTS:**

- Attachment 1 – Acknowledgement Form
- Attachment 2A – Complaint Form (Program)
- Attachment 2B – Complaint Form (Discrimination)
- Attachment 3A – Complaint Log (Program)
- Attachment 3B – Complaint Log (Discrimination)

## ACKNOWLEDGEMENT FORM

### COMPLAINTS/APPEALS AND CIVIL RIGHTS PROCEDURES

*(Non-criminal complaints relating to SSA-funded programs and activities)*

The administration of Social Services Agency (SSA) programs including the Employment Preparation Program (EPP), Vocational Training (VTR) and Work Experience (WEX) is based on State and Federal laws and regulations, including Titles VI and VII of the Civil Rights of 1964. The publication "Your Rights" (PUB 13) pamphlet describes your rights and explains what you can do if you have a complaint. The information in the pamphlet is for persons like you, who are applying for, receiving, or who have received public assistance or services.

You have the right to file a grievance/complaint if you feel you have a grievance/complaint relating to your Social Services Agency (SSA) funded employment and/or training program or services provided by the Orange County Community Resources (OCCR) - Community Investment Division (CID).

Following the timeline in "Your Rights" (PUB 13) pamphlet, you must file a written grievance/complaint immediately after the incident. The OCCR/CID Case Manager will provide you with the necessary information and assistance to put your grievance/complaint in writing, if you request assistance. If you choose to file your grievance/complaint with the OCCR/CID, your grievance/complaint must contain sufficient information for us to determine if it should be heard by the Equal Opportunity Officer or, more appropriately, be referred to another agency. You will not be punished in any way for filing a grievance/complaint. Your written grievance/complaint must include, at a minimum, the following: (1) Your full name and address; (2) the full name and address of the agency or party you are complaining against; (3) a clear statement of the facts, including dates; (4) Your written grievance/complaint must be mailed to:

*Orange County Community Investment Division  
EO Officer  
1300 S. Grand Avenue, Bldg B, 3<sup>rd</sup> Floor  
Santa Ana, CA 92705*

Immediately upon receipt of the grievance/complaint, an informal conference with the OCCR/CID Program Supervisor will be held to resolve the matter. If you feel that your complaint/grievance is not resolved during the informal conference, you may request a hearing. A hearing with an impartial hearing officer will be provided within 2 days following the informal conference. If you are dissatisfied with the decision, you may proceed to file your grievance/complaint with the Social Services Agency or the State.

*Staff has explained these procedures to me and I understand this process. I also understand that a copy of the "Your Rights" (PUB 13) pamphlet is available to me upon request or at <http://www.cdss.ca.gov/inforesources/Civil-Rights/Your-Rights-Under-California-Welfare-Programs>*

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Participant's Signature

Date

**PROGRAM GRIEVANCE OR COMPLAINT FORM**

Mark applicable SSA-Funded Project:

Employment Preparation Program (EPP)  
 Work Experience (WEX)

Vocational Training (VTR)

Today's Date: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Complaint Filed: \_\_\_\_\_

Name of Agency involved: \_\_\_\_\_

Provide a brief and concise description of complaint:

When did this alleged issue take place?: \_\_\_\_\_

List any witness, supervisor, fellow employee etc. who we may contact for additional information to support or clarify complaint:

<u>Name</u>	<u>Phone</u>	<u>Address</u>	<u>Relationship</u>

Remedy sought:

**For Office Use Only:**

Request for Hearing Date: \_\_\_\_\_

Disposition of Complaint: ( ) Complaint Withdrawn  
 Date Withdrawn: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**DISCRIMINATION COMPLAINT FORM**

Mark applicable SSA-Funded Project:

  

**Employment Preparation Program (EPP)**  
**Work Experience (WEX)**

**Vocational Training (VTR)**

**Today's Date:** \_\_\_\_\_

**Complainant's Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Complainant's Address:** \_\_\_\_\_

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

**Date Complaint Filed:** \_\_\_\_\_

**Name of Agency involved:** \_\_\_\_\_

**I believe I have received discriminatory treatment based on my:**

- Race    National Origin (*including language*)    Religion    Color    Age    Sexual Orientation    Domestic Partnership
- Sex    Marital Status    Disability    Political Affiliation    Ethnic Group Identification

**Date of incident:** \_\_\_\_\_

**Place of incident:** \_\_\_\_\_

**Name(s) and title(s) of person(s) I believe have discriminated against me:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Summary of the actions, statements, decisions or conditions which cause me to file this complaint:**  
**(Use reverse side or attach pages if more space is needed)**

*I understand the above information is true and complete to the best of my knowledge and belief*

I do not give my consent for the release of my name or other personally identifying information. I understand that this complaint may not be investigated as a result of my refusal to give consent for the release of information.

By signing this complaint, I am authorizing the Orange County Community Resources (OCCR)/Community Investment Division (CID) to reveal my identity and other personal information to persons at the organization or institution under investigation and to other Federal and State agencies in accordance with applicable federal and state regulations. I hereby authorize OCCR/CID to receive material and information including, but not limited to applications, case files, personal records and medical records. The material and information shall be used for authorized civil rights compliance and enforcement activities. I understand that I am not required to authorize this release and I do so voluntarily.

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

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

**Phone Number:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

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

**ORANGE COUNTY COMMUNITY INVESTMENT DIVISION**  
**Program Grievance or Complaint Log**

Calendar Year: \_\_\_\_\_ Name of Service Provider: \_\_\_\_\_

Date of Program Grievance or Complaint	Name of Complainant	Address of Complainant	Status of Complainant	SSA-Funded Program	Date of the Alleged Incident	Grounds (Bases) of Complaint	Description/Issue of Complaint	Name of Respondent	Is Respondent a Recipient? Yes or No	Disposition	Date of Disposition	Comments



**ORANGE COUNTY COMMUNITY INVESTMENT DIVISION**

**Discrimination Complaint Log**

Calendar Year: \_\_\_\_\_ Name of Service Provider: \_\_\_\_\_

Date of Discrimination Complaint	Name of Complainant	Address of Complainant	Status of Complainant	SSA-Funded Program	Date of the Alleged Discriminatory Incident	Grounds (Bases) of Complaint	Description/Issue of Complaint	Name of Respondent	Is Respondent a Recipient? Yes or No	Disposition	Date of Disposition	Comments