



Grievance/Complaint and Whistleblower Process

CareerSource Tampa Bay strives to provide excellent customer service to all program customers. If you feel you have been treated unfairly at any time during your association with CareerSource Tampa Bay, the following is the local procedure for filing a complaint.

1. I will first discuss any concern with my CareerSource Tampa Bay Career Specialist for resolution.
2. If my situation is not resolved to my satisfaction, I may ask to be referred to the CareerSource Tampa Bay Director of Programs to review my case and assist me in resolving my situation.
3. If the CareerSource Tampa Bay Director of Programs is unable to resolve my concern to my satisfaction, I may complete a formal grievance form or a letter of grievance and mail or hand deliver it to the attention of the CareerSource Tampa Bay EEO Officer, 4350 N. Cypress St., Suite 875, Tampa, FL 33607, for investigation.
4. If I disagree with the decision of CareerSource Tampa Bay or if a written decision is not provided to me within 60 days of filing my complaint, I may file an appeal with the State Department of Economic Opportunity's Office of Civil Rights (see address and phone number below) or to the USDOL. Appeals should be filed within 30 calendar days.
5. If I reasonably believe that some policy, practice, or activity of CareerSource Tampa Bay is in violation of law (employment law, health and safety laws, criminal fraud and abuse, etc.), I may file a written complaint with the President and CEO of CareerSource Tampa Bay, 4350 N. Cypress St., Suite 875, Tampa, FL 33607. The President and CEO shall determine what action should be taken.
6. I understand that I am protected from retaliation for any complaint that I raise concerning any alleged unlawful activity, policy, or practice only if I bring it to the attention of the President and CEO of CareerSource Tampa Bay and provide a reasonable opportunity for the President and CEO to take appropriate action to correct the alleged unlawful activity.
7. If my complaint is the result of a negative change of my cash assistance and/or food assistance benefits, I may request a Fair Hearing with the Department of Children and Families (DCF). All cash assistance eligibility or benefit entitlement grievances/complaints must be filed with DCF by contacting them at (850) 488-1429.

EQUAL OPPORTUNITY IS THE LAW

I understand that CareerSource Tampa Bay is prohibited from discriminating on the grounds of race, color, national origin, shared ancestry, ethnic characteristics, actual or perceived religion, age, gender identity, gender expression, sex or sex stereotyping, disability, political affiliation, belief, or citizenship/status as a lawfully admitted immigrant authorized to work in the US. CareerSource must not discriminate in 1) deciding who will be admitted, or have access to, any financially assisted program or activity administered by CareerSource Tampa Bay; 2) providing opportunities in, or treating any person with regard to, such a program or activity; or 3) making employment decisions in the administration of, or in connection with, such a program or activity. If I think that I have been subjected to discrimination under a Workforce program or activity, I understand that I may file a complaint within 180 days from the date of the alleged violation with the local and CareerSource Tampa Bay EEO Officer or one of the following offices:

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| 1) Julisa Nnorom, Equal Opportunity Officer
Office of Civil Rights (OCR)
Florida Department of Commerce
Caldwell Building - MSC 150
107 East Madison Street, Tallahassee, Florida 32399-4129
Office: (850) 245-7180
TTY via the Florida Relay Service: 711 | OR | 2) Director, Civil Rights Center
ATTN: Office of External Enforcement
U.S. Department of Labor
200 Constitution Ave N, Rm N-4123
Washington, DC 20210 |
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By my signature below, I acknowledge that I have read this entire form. I also understand that if I have a question about this form or any worker rights under Federal Law I may contact the CareerSource Tampa Bay EEO Officer at (813) 397-2054.

Participant Signature

_____/_____/_____
Date

Parent/Guardian Signature *(Required if customer is under 18 years of age)*

_____/_____/_____
Date