



Youth Apprenticeship Program Problems/Concerns and Grievance Procedure

Most concerns and problems can be resolved by talking to your employer, your instructor or your school coordinator. Before completing the attached grievance procedure, you should make every effort to resolve your issues through the steps listed below. However, if you feel you have made every effort and the problem has not been resolved, you have the opportunity to take your issue to the Dane County School Consortium Steering Committee. The committee is made up of three representatives - industry, school site, and the Dane County School Consortium office. This group will review your issue and make every attempt to resolve your concern within one month of receipt of this form. It may be necessary for you and/or your parents to be present at this meeting. The grievance form must be completed and mailed within 30 days after following step 2.

Step	Work Site	Related Classroom	H.S. Courses
If not resolved, proceed to Step 2 	↓	↓	↓
1	Speak to your work site mentor/coordinator & high school coordinator	Speak to your classroom instructor & high school coordinator	Speak to your high school classroom instructor
2	Speak to your high school coordinator	Speak to your high school coordinator	Speak to your high school coordinator
If not resolved, proceed to Step 3 	3	Fill out grievance form and send to Dane County School Consortium Coordinator within 30 days after completing step 2	Follow high school procedure
4	Form reviewed by DCSC Steering Committee within 30 days	Form reviewed by DCSC Steering Committee within 30 days	
5	Written response to form within 30 days.	Written response to form within 30 days	

If after completing steps 1-5 you are not satisfied with the decision that has been reached concerning your work based learning grievance, you may appeal to the Department of Workforce Development, to the attention of Amelia Phillips, 201 East Washington Ave., P.O. Box 7972, Madison, WI 53707-7972.

Dane County Area Youth Apprenticeship Program
Grievance Form

Student Name _____ School _____

Parents Name _____ Industry Program _____

Home Address _____ Work Site _____

Phone _____

Best time to be reached _____

In your own words explain the issue(s) you are having concerning the work based learning program.
Feel free to attach a separate sheet).

Why do you think your issue(s) have not been resolved to your satisfaction?

Return this form to:
Dane County School Consortium Program
5301 Monona Dr.,
Monona, WI 53716
PH: 608-316-1358
FX: 608-221-4361