

Texas Workforce Commission

Business Enterprises of Texas Grievance Form

Under the program’s administrative rules in 40 TAC §854.82(e), which were approved by the U.S. Department of Education, Rehabilitation Services Administration, a manager has the right to request a full evidentiary hearing no later than the 20th business day after the Agency action that is the subject of the complaint. Section §854.82(e) sets forth certain requirements for grievance requests. Completion of the information requested below is required to facilitate efficient processing of a grievance or complaint. Failure to provide the information required under Section 854.82(e) may result in a grievance request being denied.

The completed form should be submitted via email, mail, or hand delivery to:

Cheryl Fuller, Vocational Rehabilitation Director

Texas Workforce Commission

1117 Trinity St, Ste 504T, Austin TX 78701

Email: cheryl.fuller@twc.texas.gov

If necessary, you may attach additional pages to this Grievance Form.

Name:	
Address:	
Email Address:	

Phone Number:	
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Facility ID Number(s):		
Preferred Method of Communication:	Mail	Email
A representative is not required for the grievance process. If you have a representative, such as a member of the ECM, or a representative from outside the BET program, provide the representative's name and contact information.		
Date grievance submitted:		
Date of agency action or approximate date if exact date is unknown:		
If you are dissatisfied with a series of the same or related actions over a period, describe the time frame of the events and include the date of the most recent event about which you are dissatisfied:		
If an action is alleged to be in violation of a law, the requirements of the BET manual, or regulation, please identify the law or regulation to the best of your ability:		

Were you affected by the agency decision?	Yes	No
Desired relief or remedy:		
Do you agree to participate in mediation?	Yes	No
Do you have a related grievance pending before another hearing officer, arbitration panel, or other Date?	Yes	No
	If "Yes", Please provide case number:	
Have you consulted with an ECM representative about this complaint, to obtain assistance with the process?	Yes	No
	If "Yes", Please provide the ECM representative's name:	
Do you have any feedback to provide on the assistance provided by the ECM?		
Date:	Signature:	

VRD Acknowledgment of Grievance (Only the VRD or the VRD's designee should sign below).

Date:	VRD Signature:
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