

## ATTACHMENT B3

### SAMPLE LOCAL OFFICE HEARING DETERMINATION

[DATE]

Complainant Name  
Complainant Address  
Complainant City, State Zip Code

Dear Mr./Ms. XXX:

This correspondence serves as a notice of hearing determination regarding your complaint that was heard on DATE at XXXX am/pm at the XXX Career Center located at CC Address, City, MA Zip Code.

Present at the hearing: XXXXX– Complainant (Attended by telephone/in person)  
XXXXX- Respondent  
XXXXX- Respondent  
XXXXX- Complaint Officer

The Basis of Complaint:

*Mr./Ms. XXXXX alleges that:*

- XXXXX

In accordance with the procedures related to hearings at 20 CFR DCS 658.417 et seq. and as the deciding official, I have rendered a determination on the above matter.

In order to render this determination, I have:

[Additional Items can be added or removed - this is just a SAMPLE]

1. Given full consideration to the oral testimony presented by complainant and respondents during the Hearing conducted on XXXX.
2. Reviewed, (received or obtained) copies of all case notes provided within the Massachusetts One-Stop Employment System (MOSES) database as it applied to service provision to Mr./Ms. XXXXX.
3. Reviewed, (received or obtained) copies of all emails between Mr./Ms. XXXX and XXXXXXXX during the period Month, year– Month, year.
4. Reviewed, (received or obtained) copy of XXXXX correspondence to XXX from Mr./Ms. XXXX filing a complaint.
5. Reviewed, (received or obtained) copy of the [month, year] complaint form including specific complaints from Mr./Ms. XXX.

**Testimony**

[Additional Items can be added or removed-this is just a SAMPLE]

Mr./Ms. XXX stated that

Mr./Ms. XXX testified that

Mr./Ms. XXX ...

**EXAMPLES:**

Mr./Ms. XXX was asked if he had questions for XXX but he did or did not have questions.

**Conclusion**

It was disclosed during testimony by all parties that Mr./Ms. XXX had/had not XXX provided XXXXX.

It was also disclosed during testimony that

**Determination**

The XXX Central Career Center has rendered a determination on this matter.

The available evidence and the testimony provided on DATE demonstrated that XXX.

Based on my review of the available documentation and the testimony, I have determined that XXXXX.

Please note that either party to this complaint, namely the complainant, you, Mr./Ms. XXX or the respondents, XXX and XXX may file an appeal with the Department of Career Services, in writing, within 20 business days of receipt of this determination.

The appeal should be sent to:

MDCS Complaint Officer  
MassHire Department of Career Services  
100 Cambridge Street, 5<sup>th</sup> Floor  
Boston, MA 02114

Sincerely,

XXX  
Career Center Name, Complaint Officer