



**SOUTHWESTERN WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**EQUAL OPPORTUNITY NOTIFICATION AND  
NONDISCRIMINATION COMPLAINT PROCEDURE**

**NOTICE TO CUSTOMERS/PARTICIPANTS:** Read this form carefully so that you are aware of your rights and benefits as a customer, eligible customer, or participant in the WIOA program. If you do have a complaint about the WIOA program activity you are enrolled in follow the process listed on this form under “COMPLAINT PROCEDURE”.

**CIVIL RIGHTS:** No action may be taken in selecting customers, in assigning them to services, employment or training site or in exiting them from WIOA or from a WIOA activity if such action is based on discrimination with regard to race, color, national origin, (including limited English proficiency), political affiliation, or belief, religion, sex, (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), age, disability, or marital status.

The Southwestern Local Area and its contractors are prohibited from discriminating on the ground of to race, color, national origin, (including limited English proficiency), political affiliation, or belief, religion, sex, (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), age, disability, or marital status. or belief and for beneficiaries only, citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in programs funded under the Workforce Innovation and Opportunity Act.

**ADDITIONAL RIGHTS AND BENEFITS**

- Each participant, before starting WIOA sponsored services, training or employment, shall be informed of all rights and benefits to which the customer may be entitled in connection with such training or employment. This shall be provided in a program orientation session.
- Each participant will receive individualized counseling services and be an active partner in the development of an individualized service strategy (ISS) or individual employment plan (IEP) based on an individual service needs. The participant shall receive a copy of the ISS/IEP.
- Each applicant/participant shall be informed of the complaint and hearing procedure applicable to the WIOA activity in which they are enrolled. The right to file a non-criminal program complaint about any aspect of WIOA is granted to all applicants and participants.

**COMPLAINT PROCEDURE (Equal Opportunity/Nondiscrimination Complaint Procedure)**

Any person who believes that either he or she or any specific class of individuals has been or is being 1) excluded from participation in, 2) denied the benefits of , 3) subjected to discrimination under, or 4) denied employment in the administration of or in connection with any WIOA funded program or activity, on the ground of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), age, disability, or marital status. national origin, (including limited English proficiency), age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in the Workforce Innovation and Opportunity Act (WIOA) may file a written complaint. The person or a representative may file the complaint. The complaint may be files either with the Local Area or with the Director of the Civil Rights Center (CRC). Complaints filed with the Director should be sent to the address listed below. Any person who elects to file his or her complaint with the Local Area must allow the Local Area 40 days to process the complaint and allow 50 days for the Division to receive and review the complaint, if applicable. A complaint filed based on the above grounds must be filed within 180 days of the alleged discrimination, unless extended by the Director of CRC for good cause shown. Each complainant and respondent has the right to be represented by an attorney or other individual of his or her own choice.

- A. All complaints must be filed in writing, signed by the complainant or authorized representative, and include the following information:
  - a. The full name, address, and telephone/TTY number of the complainant (or specify another means of contacting him or her);
  - b. The full name and address of the person or agency against which the complaint is made;
  - c. A clear, concise statement of the act or acts considered to be a violation;
  - d. In regard to disability, a statement or supporting evidence that the complainant is disabled;
  - e. Other information that will help explain and resolve the complaint.

Complaints should be sent to:

Mr. Ryan Scaggs, EEO Officer  
Southwestern Local Area  
125 Bonnie Lane  
Sylva, NC 28779

- B. Hearings on any complaint filed must be conducted within 30 days of filing.
- C. Complaint hearing procedures should include the following provisions:
  - a. Reasonable notice to all parties by registered or certified mail.
  - b. A statement of the date, time and place of hearing.
  - c. A statement of the authority and jurisdiction under which the hearing is to be held.
  - d. A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved.
  - e. Notice to the parties of the specific charges involved.
  - f. The right of both parties to be represented by legal counsel or other individuals of his or her own choice,
  - g. The right of each party to present evidence, both written and through witnesses.
  - h. The right of each party to cross examination.
  - i. The right of an impartial decision maker who has not been directly involved in the events from which the complaint arose and
  - j. A written decision made strictly on the recorded evidence must be rendered within the prescribed time frame.
- D. Complete records and documentation should be kept in each contested case, including minutes of testimony, data submitted, findings, appeals, and final decisions.
- E. Decisions must be made not later than 40 days of filing the complaint. If a complainant does not receive a decision at the local level within 40 days of the filing of the complaint or receives an unsatisfactory decision, the complainant has a right to request a review of the complaint by The Division of Workforce Solutions. Requests for such review should be submitted to:

Chet Mottershead, Acting Assistant Secretary  
Division of Workforce Solutions  
313 Chapanoke Road  
4316 Mail Service Center  
Raleigh, North Carolina 27699-4316  
Attention: Mose Dorsey

Such requests must be filed within 10 days of receipt of the adverse decision or 10 days from the date on which the complainant should have received a decision, whichever is earlier. The Division will conduct a review of the complaint and issue a decision within 40 days from the date of receiving the review request. The Director of The Division of Workforce Solutions may extend the 10 days if: 1) the subrecipient does not notify the complainant of his or her right to request a review by the Division, or 2) for other good cause shown. Under no circumstances shall the time limit be extended for more than 30 days. However, if an extension is not granted the complainant has the burden of proving to the Division that the time limit should be extended.

- F. Should the Division provide a decision unsatisfactory to the complainant or fail to provide one, the complainant may file a complaint with the Director of the Civil Rights Center of the U. S. Department of Labor. Such requests must be submitted within 30 days of the Division's decision or 120 days from the date the complaint was initially filed at the local level, whichever is earlier.
- G. Complaints filed with the Director of the Civil Rights Center shall be mailed to:

Naomi M. Barry-Perez, Director  
Civil Rights Center  
U.S. Department of Labor  
200 Constitution Avenue, NW Room N-4123  
Washington, DC 20210

Each subrecipient shall maintain a log of complaints filed. The log shall include: 1) the name and address of the complainant; 2) the ground of the complaint; 3) a description of the complaint; 4) the date the complaint was filed; 5) the disposition and date of the disposition of the complaint; and 6) other pertinent information. Information that could lead to identification of a particular individual as having filed a complaint shall be kept confidential. Records regarding complaints and actions taken there under shall be maintained for a period of not less than three years from the date of resolution of the complaint and made available to the Director of the Civil Rights Center or the State upon request. Information concerning all complaints shall be kept confidential.

H. The complaint processing procedures shall provide for alternative dispute resolution (ADR). The complainant shall have the choice of pursuing the customary investigation process or using the alternative dispute resolution process. If the parties do not reach an agreement under alternative dispute resolution at the local or state level, the complainant may file a complaint with the Director of the Center for Civil Rights at the address listed in number G above. The Division of Workforce Solutions has selected the mediation process as its alternative dispute resolution. See North Carolina Department of Commerce, Division of Workforce Solutions, Alternative Dispute Resolution Mediation Guidelines for additional information.

I. **EACH LEVEL OF OPERATION MUST PROVIDE:**

- Written and reasonable notice of the hearing, stating the date, time, and place of the hearing, to the complainant and all parties involved, and for all complaints to be handled as quickly as possible
- The right of the complainant and all parties involved to be represented at each level of the hearing process provide witnesses, and present evidence
- An impartial adjudicator and a written decision giving the findings of fact and the reasons for the decision.
- Information to the complainant regarding their right to file a complaint with the next level of appeal operation.
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I have reviewed the WIOA Participant Rights, Benefits, and Complaint Procedure form and I understand my rights, benefits, and the procedures through which complaints are resolved. I have received a copy of this form.

<b>Participant's Signature:</b> _____	<b>Date:</b> _____	
<b>Or Guardian</b>		
<b>WIOA Program Representative:</b> _____	<b>Date:</b> _____	
_____		
<b>Copy Given to Participant?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**WORKFORCE INNOVATION AND OPPORTUNITY ACT  
EQUAL OPPORTUNITY NOTIFICATION**

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If you elect to file your complaint with the Southwestern Local Area, you must allow the Local Area 40 days (including the 10 days permitted at the contractor’s level) to process the complaint. If the Local Area does not provide a decision within 40 days of the filing of the complaint or gives an unsatisfactory decision, you may then request a review of the complaint by the NC Division of Workforce Solutions. This request must be filed within 10 days of the decision or 10 days from the date on which you should have received a decision, whichever is earlier. The Division then has 40 days (and may be extended 10 days) from the date of receiving the review request to issue a decision. If you are dissatisfied with the Division’s decision or it does not issue a decision, you may file a complaint with the Director of the Civil Rights Center of the the U.S. DOL. Such a request must be submitted within 30 days of the Division’s decision or 120 days from the date the complaint was initially filed at the local level, whichever is earlier. To resolve the complaint, you may choose to use the alternative dispute resolution (ADR) process rather than pursuing the customary investigation process. If the parties do not reach an agreement under the ADR at the local or state level, you may file a complaint with the Director of Civil Rights Center as listed above. The Division of Workforce Solutions has selected the mediation process for its alternative dispute resolution process.

Ryan Scaggs, EEO Officer  
Southwestern Commission  
125 Bonnie Lane  
Sylva, NC 28779

\_\_\_\_\_  
Participant Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
Case Manager Signature  
Date \_\_\_\_\_