



**It is against the law for all recipients of Federal financial assistance to discriminate on the following basis:**

Against any individual in the United State, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to such a program or activity; or making employment decisions in the administration of, or in connection with such a program or activity.

**What to Do If You Believe You Have Experienced Discrimination**

If you think you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with **either**:

**Local Workforce Development Area Equal Opportunity Officer, Brigid Hand – The Workforce Partnership, 977 Hicksville Road, Massapequa, New York 11758 - [bhand@oysterbay-ny.gov](mailto:bhand@oysterbay-ny.gov) ; Phone: 516-797-4560; Fax: 516-797-4565**

**Director – Division of Equal Opportunity Development, New York State Department of Labor, State Office Campus, Building 12, Room 540, Albany, New York 12240; Phone: 518-457-1984; (TDD) 1-800-662-1220; (Voice) 1-800-421-1220**

**Or you may file a complaint directly with:**

**Director – Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210**

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.



**WE ARE YOUR DOL**



*Services funded under the Workforce Innovation and Opportunity Act (WIOA). An equal opportunity employer / program.  
Career Centers are handicapped accessible. Auxiliary aids and services are available upon request to individuals with disabilities.*

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## **WIOA Title I Complaint/Grievance Procedure**

**YOU HAVE THE RIGHT TO FILE A COMPLAINT** regarding the implementation of any Title I-financially assisted program or activity if you think you have been discriminated against. The Grievance Officer, Ms. Brigid Hand, will be available to review all complaints, assist in their processing and provide any necessary forms or technical assistance. Ms. Hand is located in the Massapequa American Job Center, and may be contacted via: Phone: 516-797-4560; Fax: 516-797-4565; or Email: [bhand@oysterbay-ny.gov](mailto:bhand@oysterbay-ny.gov)

### **Procedures for Complaints Non-Criminal and Non-Discrimination**

Complaints and Grievances from *Participants* and other *Interested Parties* affected by the Local Workforce Development System, including One-Stop Partners and Service Providers.

1. All complaints must be in writing, signed and filed within one year of the facts that caused the complaint.
2. The process starts when a complaint/grievance is filed with the Grievance Officer, who will log the complaint, and review it to seek a resolution.
3. A hearing will be scheduled at least thirty (30) calendar days, but no more than forty-five (45) calendar days, from the filing of the complaint /grievance to provide the person or entity (Complainant) with an opportunity to present witnesses and other evidence.
  - a. Notice of the grievance hearing shall be in writing and include: the date, the time, and place of hearing; a statement of the law and regulations under which the hearing is to be held, and a short and clear statement of the complaint/grievance.
  - b. Note that if the Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.
4. At the Local Area level, a written Decision must be issued to the Complainant by the Hearing Officer within sixty (60) calendar days of the filing of the complaint/grievance.
5. Complainants not in receipt of a written decision within sixty (60) calendar days of filing the complaint/grievance have the right to request a State Level review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision. The request for a State Level Review must be filed with the State Level Grievance Officer. State level appeals must be submitted by certified mail, return receipt requested to: State Level Grievance Officer, New York State Department of Labor, W. Averell Harriman State Office Building Campus, Building 12, Room 440, Albany, New York 12240-0001.
6. Complainants in receipt of a written State Level hearing decision, have the right to request a Federal Level Review.

**Criminal Complaints** involving fraud, abuse, or other criminal activity shall be filed with the U.S. Department of Labor, Washington D.C. 20210. At the same time, a copy of this complaint should be sent to the New York State Department of Labor, 301 W. Old Country Road, Hicksville, New York 11801, to the attention of the State Representative.

**If your complaint is not related to the Workforce Innovation and Opportunity Act program, it will be referred to the appropriate agency. Complaints may also involve or entitle Complainants to recourse from State or Federal agencies pursuant to applicable laws.**

Please be assured that the filing of a complaint will *Not* result in negative treatment or denial of services.

**I have read and understand the Equal Employment Opportunity Policy and procedures for filing complaints**

|                             |       |
|-----------------------------|-------|
| Read & Received Copy: _____ | _____ |
| Applicant/Participant       | Date  |
| _____                       | _____ |
| Parent/Guardian             | Date  |

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