

The Workforce Partnership
POLICY ON EEO AND
PROCEDURE FOR FILING COMPLAINTS



***EQUAL
OPPORTUNITY
is THE LAW***

It is against the law for the New York State Department of Labor (NYSDOL) as a recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary or programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (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: Omoye Cooper, Director, Division of Equal Opportunity Development, New York State Department of Labor, State office Campus, Building 12, Room 540, Albany, New York 12240, usaada@labor.state.ny.us – 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; Local Workforce Investment Area, Equal Opportunity Officer: Catherine Frisone, The Workforce Partnership, 977 Hicksville Road, Massapequa, New York 11758, cfrisone@oysterbay-ny.gov – Phone: (516) 797-7922, Fax: (516) 797-4565.

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 not give you a written Notice of Final Action on your complaint, but you are dissatisfied with 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.

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. Catherine Frisone, will be available to review all complaints, assist in their processing and provide any necessary forms or technical assistance. She may be contacted at 977 Hicksville Road, Massapequa, New York 11758, Telephone (516) 797-4560, Fax (516) 797-4565, or e-mail cfrisone@oysterbay-ny.gov.

Non-Criminal and Non-Discrimination Complaints

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

All complaints must be in writing, signed and filed within one year of the facts that gave rise to the complaint. Prior to a formal hearing, the Grievance Officer will attempt to resolve the matter informally or at a conciliation conference. If no resolution is reached, the complainant is entitled to a hearing held on written notice. Such written notice must state date, place, and time of hearing. The complainant may be present at the hearing and may present evidence. The informal resolution and the hearing will be completed within 30 days of the filing of the grievance or complaint. A written decision must be issued to the complainant within 60 days of the filing of the complaint and must include notification to the complainant of the right to request a State level review of the findings.

State level appeals must be submitted in writing to the State Hearing Officer within 10 days of receipt of the Local Area findings. In addition, if no decision is rendered at the Local Area level within the prescribed 30-day period, the complainant may, within 15 days after such decision was due, appeal for a State Review. The information should be sent to: New York State Workforce Investment Act Hearing Officer, New York State Department of Labor, State Office Building Campus, Building 12, Room 446, Albany, New York 12240. The Hearing Officer shall issue a decision within thirty days of receipt of a request for a review by a complainant.

Criminal Complaints

All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly and immediately to the United States Department of Labor, Washington, D.C. 20210. At the same time, a copy should be sent to the New York State Department of Labor, in care of the State Representative, 303 West Old Country Road, Hicksville, New York 11801.

If your complaint is not related to the Workforce Innovation and Opportunity Act, it will be referred to the appropriate agency or agencies. 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 to the complainant.

I have read and understand the above policy and procedures for filing complaints.

Received by:	_____	_____
	Applicant	Date
	_____	_____
	Parent or Guardian	Date