

WIOA Discrimination and Equal Opportunity Complaint Procedure

Memorandum

Date: October 16, 2024

To: All Workforce Innovation Opportunity Act (WIOA) Interested Parties

Purpose: To establish local area procedures for processing discrimination and equal opportunity complaints.

Rescissions: WIOA Discrimination and Equal Opportunity Complaint Procedures dated March 30, 2021

References: WIOA Sections 121(c), 183 (c), and 188; 29 CFR Part 38; 29 CFR 38.35; 20 CFR 658.400; Employment Development Department (EDD), Workforce Services Directive (WSD)17-01, Nondiscrimination and Equal Opportunity Procedures (August 1, 2017); EDD WSD17-05, Oversight and Monitoring of Nondiscrimination and Equal Opportunity Procedures (August 29, 2027); EDD WSD18-05, WIOA Grievance and Complaint Resolution Procedures (September 4, 2018); Department of Labor, Employment and Training Administration, Training and Employment Guidance Letter (TEGL) 05-23, Complying with Nondiscrimination Requirements (November 3, 2023)

A. General Provisions

The nondiscrimination and equal opportunity provisions found in WIOA Section 188 and 29 CFR Part 38 prohibit discrimination on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; political affiliation or belief; or against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the *Workforce Innovation and Opportunity Act* (WIOA), on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

WIOA service providers 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.

B. Complaint, defined

A complaint is defined by EDD, WSD 17-01, as an allegation of a violation of the nondiscrimination and equal opportunity provisions.

No recipient may discharge, intimidate, retaliate, threaten, coerce, or discriminate against any individual because the individual has filed a complaint alleging a violation of the WIOA; nondiscrimination and equal opportunity provisions; or furnished information to, or assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, exercising of authority under, or exercise of privilege secured by the nondiscrimination and equal opportunity provisions of WIOA or 29CFR Part 38.

C. Local Area Equal Opportunity Officer (EOO)

The Workforce Development Board is the Human Services Department (HSD) service division which implements Workforce Innovation and Opportunity Act (WIOA) programs. To file a complaint or to request a hearing, contact the HSD Equal Opportunity Office/Civil Rights *Interim* Coordinator (EOO), Georgia Bueoy , 1020 Emeline Avenue, Santa Cruz, CA 95060, phone (831)454-4117; TTY number: (831)454-4568 or email: georgia.bueoy@santacruzcountyca.gov . The local EOO is responsible for processing complaints and enforcing the complaint procedures.

D. Contracted Service Provider Responsibilities

1. Equal Opportunity Is the Law form

Local WIOA contracted service providers will provide initial and continuing notice that it does not discriminate on any prohibited basis. Equal Opportunity Is the Law form is provided in appropriate formats, including in other languages other than English at WIOA intake and documented if provided in an alternate format. The signed form is filed in the hard copy paper files and provided to the WIOA applicant. The EOL form (Attachment 1) provides the information for “*What to Do if You Believe You Have Experienced Discrimination*”.

2. Advisement of Participant Rights form

During the WIOA Intake process, local WIOA contracted service providers will provide applicants with the *Advisement of Participants Rights* form. This notifies participants of their rights under the WIOA Grievance Procedures, Complaints and State Appeals Processes.

3. Program Orientation

Contractor shall include a discussion of rights and responsibilities under the nondiscrimination and equal opportunity provision of WIOA Section 188 and 29 CFR Part 38, including the right to file a complaint of discrimination with the County EOO or directly with the Department of Labor, Director of the Civil Rights Center (CRC) during each presentation to orient new participants, new employees, and/or the general public to the WIOA programs and activities, whether in person, over the internet or other technology.

4. Complaints received by Contracted service provider

Any and all complaints, received by contracted service providers either verbally, written (i.e. email) or by any other means shall be immediately forwarded to the EOO by phone, interoffice mail or by email communication. Contracted service providers will provide the Discrimination Complaint form for completion in addition to forwarding the verbal complaint to the EOO. Completion of the form does not preclude the filing of the complaint.

E. Discrimination Complaint Form

This form should be used by anyone in the workforce development community system who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, the form must be completed, signed on page 4 and returned to the One-Stop Career Center (currently branded as America’s Job Center of CaliforniaSM (AJCC)) Equal Opportunity Officer or Employment Development Department Field Office complaint representative. (Attachment 3)

F. Local Area Complaint Log

The County EOO must promptly notify the state or CRC when any administrative enforcement actions or lawsuits are filed against it alleging discrimination on the basis as set forth in WIOA Section 188 and 29 CFR Part 38.

The County EOO shall maintain a log of complaints filed that allege discrimination on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; political affiliation or belief, citizenship, and/or participation in a WIOA Title I program or activity. Any information that could lead to identification of a particular individual as having filed a complaint must be kept confidential. The County EOO files a copy of the log annually with the EDD Equal Employment Opportunity Office.

The log shall include the following:

- Date complaint was filed;
- Name and address of the complainant;
- Basis of the complaint;
- Description of the complaint;
- Disposition and date of disposition of the complaint.

G. How an Individual files a complaint

Any, and all, customer, applicant and participant complaints of alleged discrimination or violation of provision of WIOA Section 188 received by WIOA contracted service providers or WDB staff will be provided a *Discrimination Complaint Form* (Attachment 3 and immediately referred to the County EOO for processing.

Any person who believes that he or she or any specific class of individuals has been or is being subjected to discrimination prohibited by the nondiscrimination and equal opportunity provisions of the WIOA may file a written complaint within 180 days of the alleged discrimination using the *Discrimination Complaint Form*. The form may be filed directly with the County EOO or directly with CRC at Department of Labor, 2100 Constitution Avenue N.W., Room N4123, Washington , D.C. 20210.

Regardless of the form used, all complaints shall include the following:

- Name and address of the complainant, or other means of contacting them;
- Identity of the respondent;
- Description of the complainant's allegation(s) in sufficient detail to allow the County EO or CRC, as applicable, to determine whether:
 - The CRC or the County has jurisdiction over the complaint;
 - The complaint was filed timely, and
 - The complaint has apparent merit
- Signature of complainant or their authorized representative.

Both the complainant and respondent have the right to be represented by an attorney or other individual of their choice.

Extending Filing Time

CRC may extend the filing time if shown good cause. The request for an extension should include a waiver letter including the reason the 180-day period elapsed. County EOO will notify the complainant that a waiver letter is being filed with CRC.

H. Local County EOO Guidelines

Acknowledge Complaint- Initial Notice

The County EOO shall issue a written acknowledgment of receipt of a complaint immediately upon receipt of the complaint. The initial, written notice acknowledging receipt of the complaint must also include the following:

1) Alternative Dispute Resolution (ADR)

The County EOO must offer the complainant ADR immediately upon receipt of the complaint but before the Notice of Final Action has been issued. The choice whether to use ADR rests with the complainant. If the complainant elects not to participate in the ADR process, the County EOO shall investigate the circumstances of the alleged complaint.

If the agreement reached is breached, the parties may file a complaint with the CRC within 30 days of the date on which the non-breaching party learns of the alleged breach; and CRC may evaluate the circumstances to determine whether the agreement has been breached. If CRC determines that the agreement has been breached, the complaint will be reinstated and processed in accordance with County local area procedures.

If the parties do not reach agreement under ADR, the complainant may file directly with the CRC.

2) Right to Representation

The County EOO must inform the complainant of their right to representation in the complaint process.

3) Equal Opportunity Is the Law

County EOO must provide notice of rights as contained on the Equal Opportunity Is the Law form/notice.

4) Auxiliary Aids and Services

County EOO must include notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that the initial notice will be translated into non-English. (As required in 29 CFR 38.4(h), (i); 38.34, and 38.36)

Written Statement of Issue

Within 40 working days, County EOO shall provide a written statement of the issue that includes the following:

- 1) List of the issues raised in the complaint;
- 2) For each such issue, a statement whether the County (Local Area) will accept the issue for investigation or reject the issue, and the reasons for each rejection;

Investigation

The County EOO will establish a period for fact-finding or investigation of the circumstances underlying the complaint. The County EOO shall assure that all parties involved are given due process and that a decision is made strictly on the evidence on the record

Facilitate Conciliation

Conciliation is the process whereby parties to a dispute agree to utilize the services of a conciliator, who then meets with the parties separately in an attempt to resolve their differences.

At any point in the investigation of the complaint, the complainant, respondent, or County EOO may request that the parties attempt conciliation. The County EOO shall facilitate such conciliation efforts.

Jurisdiction

The County EOO shall notify the complainant in writing immediately upon determining that it does not have jurisdiction over the complaint that alleges a violation of the nondiscrimination and equal opportunity provision of the WIOA. EOO will notify EDD EOO and request the complaint be closed locally.

I. Local EOO timeline

County EOO has 90 days from the date the complaint was filed in which to issue a Notice of Final Action. The written Notice of Final Action must include the following for each issue raised:

- 1) Statement of the County decision on each issue and an explanation of the reasons underlying the decision(s);
- 2) Description of the way the parties resolved the issue(s);
- 3) Notice that the complainant has a right to file a complaint with CRC within 30 days of the date on which the Notice of Final Action is received, if the complainant is dissatisfied with the County's final action on the complaint.

If the 90-days expire and the County EOO fails to issue a Notice of Final Action, the complainant or their representative may file a complaint with the CRC within 30 days of the expiration of the 90-day period.

The County EOO will forward one copy of the alleged complaint and one copy of the issued Notice of Final Action to email: EEOMAIL@edd.ca.gov or to the following address:

Equal Employment Opportunity Office
Employment Development Department
800 Capitol Mall, MIC 49
P.O. Box 826880
Sacramento, CA 94280-0001

J. Due Process

The County EOO shall assure that all parties (complainant and respondent) involved are given due process, including:

- A notice to all parties of the specific charges;
- A notice to all parties of the responses to the allegations;
- The right of both parties to representation;
- The right of each party to present evidence, and to question others who present evidence;
- A decision made strictly on the evident on the record.

K. Complainant alleges discrimination by AJCC partner

When a complainant alleges discrimination, on a basis that is prohibited both by Section 188 of WIOA and by a civil rights law enforced by the federal grant making agency (County), by a local partner in the AJCC system that operates a program or activity financially assisted by a federal grant making agency other than DOL, but participates in the AJCC delivery system both CRC and the grant making agency have dual jurisdiction over the complaint. The complainant shall be referred to the County EOO who shall notify the CRC immediately. Complainant shall complete the Discrimination Complaint form and provide to the County EOO who commences processing the complaint. The CRC will refer the complaint to the grant making agency for processing who then governs the processing of the complaint.

However, if complainant alleges discrimination, on a basis that is prohibited by Section 188 of WIOA but not by any civil rights law enforced by the federal grant making agency, the CRC has sole jurisdiction over the complaint and will retain and process the complaint. The CRC will advise the complainant and the County EOO of the referral.

L. Complaint Determinations

If the County EOO receives a notice of noncompliance from CRC, the *Letter of Findings, Notice to Show Cause, or Initial Determination* will include the steps and specific time period to achieve voluntary compliance for the corrective action steps.

NOTE: This local procedure does not include the duties and responsibilities of the CRC and only includes the local process for handling complaints.

Action: All WIOA Service Providers shall comply with the attached procedure effective immediately.

Inquiries: Any questions regarding this procedure may be directed to the WDB Director.

Documents/forms referenced:

1. Equal Opportunity Is the Law form
2. Advisement of Participants Rights form
3. Discrimination Complaint Form

This procedure authorized by: Santa Cruz County Workforce Development Board Director, October 16, 2024.

Customer Name: _____

Equal Opportunity Is the Law

It is against the law for this 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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including Limited English proficiency), age, disability (including cancer-related and genetic characteristics), marital status, veteran status, political affiliation or belief; and

Against any beneficiary of 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 that 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:

The Human Services Department (HSD) of Santa Cruz County's Equal Opportunity Officer (EOO); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with HSD, you must wait either until HSD 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 HSD 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 HSD 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 HSD).

If HSD 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 from HSD.

Workforce Development Board is the Human Services Department's (HSD) service division which implements Workforce Innovation and Opportunity Act (WIOA) programs. To file a complaint or to request a hearing, contact the HSD EOO/Civil Rights Coordinator, 1020 Emeline Avenue, Santa Cruz, CA 95060, phone (831) 454-4117.

WIOA Staff Date

Customer Date

Distribution:
Customer
Customer File

Nombre de Participante: _____

Oportunidad de Igualdad es la ley

Es contra la ley que este beneficiario de asistencia financiera federal discrimine por las siguientes bases:

En contra de cualquier individuo en los Estados Unidos, sobre la base de la raza, color, credo, ascendencia, religión, género (incluyendo embarazo, parto y condiciones medicas relacionadas, estereotipo de género, estatus transgénero, y identidad de género), orientación sexual, origen nacional (incluyendo comprensión de ingles limitado) , edad, discapacidad, condición medico (incluyendo condiciones relacionado con cáncer y características genética), estado civil, veterano del militar, afiliación o convicción política o creencia; y

En contra de cualquier beneficiario de programas asistidos financieramente bajo el Título I de la Ley de Innovación y Oportunidad en la Fuerza Laboral de 2014 (WIOA), sobre la base de su condición de ciudadanía del beneficiario como un inmigrante legalmente autorizado para trabajar en los Estados Unidos, o su participación en cualquier WIOA Titulo I– programa financieramente asistido o actividad.

El beneficiario no debe discriminar en ninguna de las siguientes áreas:

Decidiendo quien será admitido o tendrá acceso a cualquiera de WIOA título I – programa financieramente asistido o actividad.

Proveyendo oportunidades en o el tratamiento de cualquier persona con relación a tal programa o actividad; o tomar decisiones de empleo en la administración de o en conexión con tal programa o actividad.

Qué hacer si usted cree que ha sido discriminado

Si usted cree que has sido discriminado bajo cualquier actividad o programa fundado por WIOA, puede presentar una queja dentro de 180 días de la fecha en que ocurrió dicha violación con:

El Departamento de Servicios Humanos (HSD) del Condado de Santa Cruz, Oficial de Audiencias/Coordinador de Derechos Civiles o presentar una queja directamente con el Director de la Centro de Derechos Civiles (CRC), Departamento Laboral (DOL), 200 Constitution Ave. N.W., Room N-4123, Washington, D.C. 20210

Si usted elige presentar su queja en la oficina de HSD antes de presentarla al CRC, usted deberá esperar hasta que ocurra lo primero, ya sea que HSD le dé una decisión o esperar 90 días antes de presentarla al DCR, (domicilio indicado arriba).

En caso de que HSD no le otorgue una decisión escrita dentro de 90 días de la fecha en que presento su queja, no necesita esperar tal decisión; usted puede presentar su queja al CRC dentro de 30 días en que terminó el periodo de los 90 días. (En otras palabras, dentro de 120 días después del día en que presento su queja con HSD.)

Si HSD le entrega un Aviso de acción final de su queja, pero usted no está satisfecho con la decisión o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja dentro de 30 días de la fecha en que usted recibió el aviso de acción final de HSD..

Mesa Directiva del Desarrollo de la Fuerza Laboral es la división de servicio de HSD que implementa los programas de WIOA. Para presentar una queja o solicitar una audiencia, deberá comunicarse con el HSD Coordinador de Derechos Civiles, 1020 Emeline Avenue, Santa Cruz, CA 95060, al teléfono (831) 454-4117.

El Personal de WIOA _____ Fecha _____

Participante _____ Fecha _____

Distribution:
White: Customer
Canary: Customer File

ADVISEMENT OF PARTICIPANTS RIGHTS

As a Workforce Innovation & Opportunity Act (WIOA) participant, you have rights under the WIOA Grievance Procedures, Complaints, Local, State, and Federal Appeals Processes. If you have service concerns or staff complaints, you may request to have a meeting with a supervisor or Manager to discuss your concerns and to seek a remedy or solution prior to filing a formal complaint.

REQUEST FOR LOCAL (HUMAN SERVICES DEPARTMENT / WORKFORCE DEVELOPMENT BOARD) LEVEL APPEAL:

You have the right to file a complaint which alleges that the Human Services Department (HSD), Workforce Development Board (WDB) or its sub-contractors have violated any area covered under the Scope of Complaints.

Scope of Complaints:

A complaint may be filed which alleges that the HSD, WDB or its sub-contractors have:

- Violated or unfairly applied the legislation or regulations under WIOA.
- Discriminated against a participant based on non-job-related criteria.
- Violated Section 683.600 of the WIOA Legislation which states: the local administrative entity has the responsibility to conduct hearings and resolve complaints made by individuals about the administration of programs in the local area
- Violated other applicable Federal, State or local law.

How to File A Complaint: The filing of a complaint with HSD will be considered as a request for a hearing.

- A complaint must be submitted in writing and must be signed and dated. The written complaint should contain the following:
 - Full name; mailing address and telephone number (if any) of the complainant (person making the complaint)
 - Name; mailing address and telephone number of the agency involved (Respondent: who the complaint is against)
 - Factual information concerning the complaint
 - Desired outcome or remedy sought by the complainant
- Submit the written complaint to: County of Santa Cruz, Human Services Department Civil Rights Coordinator
1020 Emeline Avenue, Santa Cruz, CA 95060

If you need assistance in preparing and filing the complaint against the HSD/WDB or its sub-contractors, contact your case manager. If you would like assistance from someone other than your case manager, you may ask the Civil Rights Coordinator for assistance by calling (831) 454-4117.

When to File A Complaint:

- All complaints must be made in writing within one year of the alleged violation, except complaints alleging waste, abuse, fraud; or discrimination. See the *Equal Opportunity Is The Law* form for Discrimination rights and due process. Complaints alleging waste, abuse or fraud should immediately be reported to the Workforce Development Board Division Director.

Notice of Hearing:

- The complainant and the respondent must be notified in writing of the hearing ten (10) calendar days prior to the hearing date. The ten (10) day notice may be shortened with prior written consent of the parties involved.
- This hearing will be held within 30 days of the filed request.
- A decision or resolution must be made within 60 days of the request for hearing. There will be further appeal rights on the decision notice if you are dissatisfied with the hearing resolution.

A good faith effort shall be made to informally resolve any/all complaints prior to the scheduled hearing date. Whenever possible, an attempt shall be made to resolve the issue through an informal conference (meeting) within ten (10) calendar days of receipt of the complaint.

REQUEST FOR STATE (EDD) LEVEL APPEAL OF LOCAL LEVEL DECISIONS OR REQUESTS FOR EDD REVIEW:

All below (State Level Grievance, EDD Hearing, State Review Panel) appeals for requests/ reviews should be sent to the below address:

Chief, Compliance Review Office (CRO), MIC 22-M, Employment Development Department
P.O. Box 826880, Sacramento, CA 94280-0001

Remanded Local Grievances and Complaints

- Grievances or complaints filed directly with the state related to Local Area programs will be remanded to the Local Area.
- Reviews that reveal a trial issue will be remanded to the Local Area for a retrial of the grievance or complaint.

State Level Grievance

The complainant may file an appeal with State for EDD review if:

- Local Level Decision Appeal: The Local Area has issued an adverse decision, or failed to follow the procedures in EDD Directive WSD18-05; or
- EDD Review: The Local Area has not issued a decision within the 60 day time limit, or if there has been any incident(s) of restraint, coercion, or reprisal at the local level as a result of filing a grievance or complaint.

How to File A Complaint:

The appeal or request for EDD review must be in writing, signed, and dated by the complainant. The state also requests the following Information:

- The full name, telephone number, and mailing address of the complainant and the Local Area's administrative entity.
- A statement of the basis of the appeal or request for EDD review.
- Copies of relevant documents, such as the complaint filed with the Local Area and their decision, if any was received.

When to File A Complaint:

- Local Decision Appeals must be filed or postmarked within 10 days from the date on which the complainant received an adverse local decision.
- Requests for EDD review must be filed or postmarked within 15 days from either of the following:
 - The date on which a complainant should have received a decision regarding a locally filed complainant, which is defined as five days from the date the decision was due.
 - The date on which an instance of restraint, coercion, or reprisal was alleged to have occurred as a result of filing the complaint.

Notice of Hearing:

- Within 10 days of receipt of the grievance or complaint, the CRO shall notify the complainant and respondent of the opportunity for an informal resolution and proceed with the informal resolution process.
- If an evidentiary hearing was not held at the local level, the CRO shall instruct the Local Area to hold a hearing within 30 days of receipt of the appeal or request for EDD review.
- If the Local Area refuses to hold a hearing within the required timeframe, the EDD shall schedule an evidentiary hearing before an impartial hearing officer within the 30-day timeframe.

Request For State Level Grievances and Complaints alleging noncriminal, state violations of WIOA Title I requirements, or grievances or complaints by individuals or interested parties affected by statewide workforce programs shall be filed in writing with the Chief of the Compliance Review Office.

How to File A Complaint:

- All grievances and complaints shall be filed in writing with the Chief of the Compliance Review Office

Notice of Hearing:

- The Chief of the CRO or designee shall review the grievance or complaint and notify the complainant and respondent of the opportunity for an informal resolution within 10 days of receipt.
- If the state cannot resolve the grievance or complaint informally, a hearing will be held.
- The State Review Panel shall issue a written decision within 60 days of the official filing date.

EDD Hearing (For any Grievance or Complaint):

- Hearings on any grievance or complaint shall be conducted within 30 days of the filing of the grievance or complaint.
- The complainant, respondent, and Local Area shall be notified in writing of the hearing at least 10 days prior to the hearing.
- The EDD hearing shall be conducted in an informal manner.
- The EDD hearing officer shall make a written recommendation to the State Review Panel;
- The State Review Panel shall issue a decision within 60 days of the EDD's receipt of the local level appeal, request for EDD review or grievance or complaint.

REQUEST FOR FEDERAL LEVEL APPEAL:

Complainant may file an appeal with the Secretary of Labor:

- If the State Review Panel issued an adverse decision regarding a grievance or complaint or has not issued a decision within 60 days of receipt of a local level appeal, request for EDD review, or grievance or complaint.

How to File A Complaint:

- All appeals to the Secretary of Labor must be sent to the DOL National Office via certified mail with return receipts requested.
- Copies of the appeal must be simultaneously provided to DOL Employment and Training Administration (ETA) Regional Administrator and respondent.

When to File A Complaint:

- Appeals of an adverse decision must be filed within 60 days of receipt of the adverse decision from the State Review Panel.

DOL National Office Secretary of Labor Attn: Assistant Secretary of ETA U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210	ETA Regional Administrator Office of Regional Administrator U.S. Department of Labor P. O. Box 193767 San Francisco, CA 94119-3767
--	---

- In cases where the State Review Panel did not issue a decision, the complainant must file an appeal to the above addresses within 120 days of:
 - The date on which the complainant filed the appeal of a local level decision or request for EDD review with the State; or
 - The date on which the complainant filed the grievance or complaint with the state.

Grievances/complaints filed directly with Secretary that were not previously filed with Local Area and/or state will be remanded to Local Area or state, as appropriate.

Notice of Decision:

- The Secretary shall issue a final determination no later than 120 days after receiving the appeal.

Remedies

Remedies that may be imposed for a violation of any requirement under WIOA Title I shall be limited to the following:

- Suspension or termination of payments under WIOA Title I.
- Prohibition of placement of a participant with an employer that has violated any requirement under WIOA Title I.
- Reinstatement of employee, where applicable, payment of lost wages and benefits, and reestablishment of other relevant terms, conditions, and privileges of employment.
- Other equitable relief, where appropriate.

None of the above shall be construed to prohibit a complainant from pursuing a remedy authorized under another federal, state, or local law for a violation of WIOA Title I.

WSD18-05
REV. 9/13/2022

Distribution:
Customer
Customer File

By signing below, I acknowledge receipt of a copy of this **Advisement of Participants Rights** form.

Participant Signature Date

CONSIDERACIÓN DE DERECHOS DE LOS PARTICIPANTES

Como participante de Workforce Innovation & Opportunity Act (WIOA), usted tiene derechos conforme a los Procedimientos de Reclamos, Quejas, Procesos de Apelaciones Locales, Estatales y Federales de WIOA. Si usted tiene inquietudes sobre el servicio o quejas del personal, usted puede solicitar una reunión con un supervisor o gerente para analizar sus inquietudes y buscar un remedio o una solución antes de presentar una queja formal.

SOLICITUD A NIVEL LOCAL (DEPARTAMENTO DE SERVICIOS HUMANOS- HUMAN SERVICES DEPARTMENT / JUNTA DE DESARROLLO DE LA FUERZA LABORAL- WORKFORCE DEVELOPMENT BOARD) A NIVEL DE RECLAMO:

Usted tiene el derecho a presentar una queja que alegue que Human Services Department (HSD), Workforce Development Board (WDB) o sus subcontratistas han violado cualquier área cubierta bajo la extensión de quejas.

Extensión de Quejas: Una queja se puede presentar la cual afirme que HSD, WDB o sus subcontratistas han:

- Violado o aplicado injustamente la legislación o los reglamentos bajo WIOA.
- Discriminado a un participante con base en criterios no relacionados con el trabajo.
- Violado la Sección 683.600 de la Legislación WIOA que establece: la entidad administrativa local tiene la responsabilidad de realizar audiencias y resolver quejas presentadas por individuos sobre la administración de programas en el área local
- Violado otras leyes aplicables, Federales, Estatales o locales.

Cómo Presentar Una Queja: La tramitación de una queja ante HSD se considerará como una solicitud para una audiencia

- Una queja debe presentarse por escrito y debe estar firmada y fechada. La queja por escrito debe incluir lo siguiente:
 - Nombre completo; domicilio postal y número de teléfono (si corresponde) del denunciante (persona que presenta la denuncia)
 - Nombre; domicilio postal y número de teléfono de la agencia involucrada (Demandado: contra quién es la queja)
 - Información fáctible sobre la queja
 - Resultado deseado o remedio buscado por el reclamante
- Envíe la queja por escrito a: County of Santa Cruz, Human Services Department Civil Rights Coordinator 1020 Emeline Ave. Santa Cruz, CA 95060

Si usted necesita ayuda para preparar y presentar una queja contra HSD/WDB o sus subcontratistas, comuníquese con su administrador de casos. Si desea recibir ayuda de alguien que no sea su administrador de casos, usted puede pedirle ayuda al Coordinador de Derechos Civiles (Civil Rights Coordinator) llamando al (831) 454-4117.

Cuando Presentar una Queja:

- Todas las quejas deben hacerse por escrito dentro de un año de la supuesta violación, excepto las quejas que aleguen pérdida, abuso, fraude; o discriminación. Consulte el formulario *Igualdad De Oportunidades Es La Ley (Equal Opportunity Is The Law)* para conocer los derechos de discriminación y el debido proceso. Las quejas que aleguen pérdida, abuso o fraude se deben informar de inmediato al Director de la División de la Junta de Desarrollo de la Fuerza Laboral.

Aviso Para Audiencia:

- El denunciante y el demandado deberán ser notificados por escrito de la audiencia diez (10) días hábiles antes de la fecha de la audiencia. El aviso de diez (10) días puede acortarse con el consentimiento previo por escrito de las partes involucradas.
- Esta audiencia se llevará a cabo dentro de los 30 días siguientes a la presentación de la solicitud.
- Una decisión o resolución debe tomarse dentro de los 60 días siguientes a la solicitud de audiencia. Habrá más derechos de apelación sobre el aviso de decisión si no está satisfecho con la resolución de la audiencia.

Se hará un esfuerzo de buena fe para resolver informalmente cualquier/todas las quejas antes de la fecha de la audiencia programada. Siempre que sea posible, se intentará resolver el problema a través de una conferencia (reunión) informal dentro de los diez (10) días del calendario de haber recibido la queja.

SOLICITUD DE APELACIÓN A NIVEL ESTATAL (EDD) DE DECISIONES A NIVEL LOCAL O SOLICITUDES DE REVISIÓN DE EDD:

Todas las apelaciones de solicitudes/revisiones a continuación (State Level Grievance, EDD Hearing, State Review Panel) deben enviarse a la siguiente dirección: Chief, Compliance Review Office (CRO), MIC 22-M, Employment Development Department
P.O. Box 826880, Sacramento, CA 94280-0001

Quejas y Agravios Locales Remitidas

- Quejas o Agravios presentadas directamente con el estado relacionadas con los programas del Área Local serán devueltas al Área Local
- Revisiones que muestren un problema de juicio serán devueltas al Área Local para un nuevo juicio de los agravios o queja.

Agravio a Nivel Estatal

El denunciante puede presentar una apelación ante el State for EDD para una revisión si:

- Local Level Decisión Appeal: El Área Local ha emitido una decisión adversa o ha fallado a seguir los procedimientos de EDD Directive WSD18-05; o
- EDD Review: El Área Local no ha emitido una decisión dentro del plazo de 60 días, o si ha habido algún incidente(s) de restricción, coerción o represalia a nivel local como resultado de la presentación de una agravio o queja.

Como Presentar una Queja:

La apelación o solicitud de revisión del EDD debe ser por escrito, firmada y fechada por el denunciante. El Estado también solicita la siguiente información:

- El nombre completo, número de teléfono y domicilio postal del denunciante y de la entidad administradora del Área Local.
- Una declaración de la base de la apelación o solicitud de revisión de EDD.
- Copias relevantes de los documentos, como la denuncia presentada ante el Área Local y su decisión, si se recibió alguna.

Cuando Presentar una Queja:

- Las Apelaciones de Decisiones Locales deben ser presentadas o mataselladas dentro de los 10 días a partir de la fecha en que la queja recibió una

decisión local adversa.

- Las solicitudes de revisión de EDD deben presentarse o enviarse por correo dentro de los 15 días a partir de cualquiera de los siguientes:
 - La fecha en la que un denunciante debería haber recibido una decisión con respecto a un denunciante presentado localmente, que se define como cinco días a partir de la fecha de vencimiento de la decisión.
 - La fecha en la que se alegó que ocurrió un caso de restricción, coerción o represalia como resultado de la presentación de la queja.

Aviso Para Audiencia:

- Dentro de los 10 días posteriores a la recepción de la queja o reclamo, el CRO deberá notificar al denunciante y al demandado sobre la oportunidad de una resolución informal y proceder con el proceso de resolución informal.
- Si no se llevó a cabo una audiencia probatoria a nivel local, el CRO deberá instruir al Área Local para que tenga una audiencia dentro de los 30 días posteriores a la recepción de la apelación o solicitud para una revisión del EDD.
- Si el Área Local se niega a tener una audiencia dentro del plazo requerido, el EDD deberá programar una audiencia probatoria ante un oficial de audiencia imparcial dentro del plazo de 30 días.

La Solicitud Para State Level Grievances and Complaints que aleguen violaciones estatales no penales de los requisitos de WIOA Title I, o quejas o reclamos de personas o partes interesadas afectadas por los programas de fuerza laboral en todo el estado se presentarán por escrito ante el Chief of the Compliance Review Office.

Como Presentar una Queja: todas las quejas y reclamos se presentarán por escrito ante el Chief of the Compliance Review Office.

Aviso Para Audiencia:

- El Chief of the CRO o la persona designada revisará la queja o reclamo y notificará al denunciante y al demandado sobre la oportunidad de una resolución informal dentro de los 10 días posteriores de ser recibidos.
- Si el Estado no puede resolver el agravio o queja de manera informal, se llevará a cabo una audiencia.
- El State Review Panel deberá emitir una decisión por escrito dentro de los 60 días de la fecha de presentación oficial.

Audiencia de EDD (Para Cualquier queja o Reclamo):

- Las audiencias sobre cualquier queja o reclamo se llevarán a cabo dentro de los 30 días posteriores a la presentación de la queja o reclamo.
- El denunciante, el demandado y el Área Local deberán ser notificados por escrito de la audiencia por lo menos 10 días antes de la audiencia.
- La audiencia de EDD se llevará a cabo de manera informal.
- El funcionario de audiencias del EDD hará una recomendación por escrito al Panel de Revisión del Estado (State Review Panel);
- El State Review Panel emitirá una decisión dentro de los 60 días posteriores a la recepción por parte del EDD de la apelación a nivel local, la solicitud de revisión del EDD o la queja o reclamo.

SOLICITUD DE APELACIÓN A NIVEL FEDERAL:

El denunciante puede presentar una apelación ante el Secretario del Trabajo:

- Si el State Review Panel emitió una decisión adversa con respecto a una queja o reclamo o no ha emitido una decisión dentro de los 60 días posteriores a la recepción de la apelación a nivel local, la solicitud de revisión del EDD o la queja o reclamo.

Como Presentar una Queja:

- Todas las apelaciones al Secretario de Trabajo deben enviarse a la Oficina Nacional del DOL por correo certificado con prueba de haber sido recibido.
- Las copias de la apelación deben entregarse simultáneamente al Administrador Regional de la Administración de Empleo y Capacitación (Employment and Training Administration/ETA) del DOL y al demandado.

Cuando Presentar una Queja: Las apelaciones de una decisión adversa deben presentarse dentro de los 60 días posteriores a la recepción de la decisión adversa del Panel de Revisión del Estado.

DOL National Office Secretary of Labor Attn: Assistant Secretary of ETA U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210	ETA Regional Administrator Office of Regional Administrator U.S. Department of Labor P. O. Box 193767 San Francisco, CA 94119-3767
--	---

- En los casos en que el Panel de Revisión del Estado no haya emitido una decisión, el denunciante debe presentar una apelación a las direcciones anteriores dentro de los 120 días o:
 - La fecha en la que el denunciante presentó la apelación de una decisión a nivel local o la solicitud de revisión de EDD con el Estado; o
 - La fecha en que el denunciante presentó la queja o denuncia ante el estado.

Las quejas/reclamos presentados directamente ante el Secretario que no se hayan presentado previamente ante el Área local y/o el Estado serán devueltas al Área local o al Estado, según corresponda.

Aviso de Decisión: El Secretario deberá emitir una determinación final a más tardar 120 días después de recibir la apelación.

Remedios Los remedios que pueden imponerse por una violación de cualquier requisito bajo el Título I de WIOA se limitarán a lo siguiente:

- Suspensión o terminación de pagos bajo WIOA Título I.
- Prohibición de colocación de un participante con un empleador que haya violado cualquier requisito bajo el Título I de WIOA.
- Reincorporación del empleado, cuando corresponda, pago de salarios y beneficios perdidos, y restablecimiento de otros términos, condiciones y privilegios de empleo pertinentes.
- Otras compensaciones equitativas, cuando sea apropiado.

Nada de lo anterior se interpretará como una prohibición a un denunciante de buscar un remedio autorizado bajo otra ley federal, estatal o local por una violación del Título I de WIOA.

WSD18-05 REV.
9/13/2022

Al firmar a continuación, yo estoy de acuerdo en haber recibido una copia de este formulario de Consideración

Firma Del Participante

Fecha

**DISCRIMINATION COMPLAINT FORM
LOCAL WORKFORCE DEVELOPMENT AREA**

This form should be used by anyone in the workforce development community system who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, complete this form, sign on page 4 and return to the One-Stop Career Center (currently branded as America’s Job Center of CaliforniaSM) Equal Opportunity Officer or Employment Development Department Field Office complaint representative.

1. Complainant Information

<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other		Home Phone: () - -
Name: _____		Work Phone: () - -
Street Address: _____		Cell: () - -
City: _____	Email: _____	
State: _____	Zip Code: _____	

2. Complainant Contact Information

When is it a convenient time during business hours (8 a.m. to 5 p.m.) to contact you by phone about this complaint?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Phone					

3. Contact Information for the Person(s) Who You Claim Discriminated Against You

Provide the name of the entity where person(s) work(s):

Name of person(s) who discriminated against you:

Address of person(s)/entity:

City: _____ State: _____ ZIP Code: _____

Phone: () - -

Date of first occurrence:

Date of most recent occurrence:

4. Tell Us About the Incident(s)

- Explain briefly what happened and how you were discriminated against.
- Provide the date(s) when the incident(s) occurred.
- Indicate who discriminated against you. Include names and titles if possible.
- If other people were treated differently than you, tell us how they were treated differently.
- Attach any documents that you think might help us better understand your complaint.

5. Please List Below Any Person(s) (Witnesses) That We May Contact for Additional Information to Support or Clarify the Complaint.

Name	Address	Phone

6. Basis for the Discrimination

Check the type of discrimination you experienced, such as age, race, color, national origin, disability, etc. If you believe more than one basis was involved, you may check more than one box.

- | | |
|--|---|
| <input type="checkbox"/> Age- provide date of birth:
<input type="checkbox"/> Color
<input type="checkbox"/> National Origin (Including limited English proficiency)
<input type="checkbox"/> Retaliation
<input type="checkbox"/> Gender - Specify <input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Race - indicate race:
<input type="checkbox"/> Political Affiliation or Belief | <input type="checkbox"/> Citizenship
<input type="checkbox"/> Disability
<input type="checkbox"/> Religion
<input type="checkbox"/> Harassment
<input type="checkbox"/> Sex (including including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status)
<input type="checkbox"/> Status as a program participant under the <i>Workforce Innovation Opportunity Act</i>
<input type="checkbox"/> Other (Specify): |
|--|---|

7. Have You Previously Filed a Complaint Against this Person(s)/Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, answer the questions below, if NO move to section 8.	
a. Was your complaint in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. On what date did you file the complaint?	
c. Name of office where you filed your complaint:	
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone number: () -	
Contact person (if known): _____	
d. Have you been provided a final decision or report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked "YES", please attach a copy of the complaint.	

8. What Corrective Action or Remedy Do You Seek? Please Explain.

9. Choosing a Personal Representative	
<ul style="list-style-type: none"> ▪ You may choose to have someone else represent you in dealing with this complaint. It may be a relative, friend, union representative, an attorney, or someone else. ▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative. 	
Do you want to authorize a personal representative to handle this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, complete the section below. If NO, go to Section 10.	
AUTHORIZATION OF PERSONAL REPRESENTATIVE	
I wish to authorize the individual identified below to act on my behalf as my personal representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.	
Name: _____	
<input type="checkbox"/> I am an attorney representing the complainant. <input type="checkbox"/> I am not an attorney representing the complainant.	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone : () -	Fax: () -
Email: _____	

10. Alternate Dispute Resolution (ADR) Also Known as Mediation

Notice—You must indicate if you wish to mediate your case. The Local Area Workforce Development Area cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
 - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
 - Mediation is conducted by a trained, qualified and impartial mediator.
 - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
 - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
 - **Agreements are legally binding on both parties.**
 - If an agreement is not reached, a formal investigation will start.
 - Failure to keep an agreement will result in a formal investigation.
 - A formal investigation will be opened if retaliation is reported.
- **Do you wish to mediate your complaint?**
(Please check only one box)

YES, I want to mediate. **NO**, please investigate.

If you select "YES" you will be contacted within five business days with more information.

11. Complainant Signature

Your signature on this form will initiate the processing of this complaint. By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge of belief.

Signature:

Date: