

## **STANISLAUS COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT STAFF POLICY**

Date: **October 3, 2017**  
Policy Number: **17-02**  
Subject: **Stanislaus County Department of Workforce Development/WIOA Nondiscrimination and Equal Opportunity Grievance/Complaint Policy**

### **PURPOSE:**

This staff policy establishes a standardized departmental procedure for any individual (including participants in services or programs of Stanislaus County Department of Workforce Development, contracted service provider programs or other Stanislaus County Department of Workforce Development partners) to formally file grievances or complaints for alleged incidents or practices of discrimination. The procedure outlines the entire grievance process, including how to appeal decisions that are unfavorable to the complainant.

### **BACKGROUND:**

This policy is written in compliance with Workforce Innovation and Opportunity Act (WIOA) directives which specify that each participant must be made aware of their right to file a discrimination complaint, and that a record of such advice must be maintained in each participant's file. Stanislaus County Department of Workforce Development staff members and the staff of contracted service providers will be familiar with the policy, and will be helpful to any individual who wishes to use it to file a discrimination complaint. Stanislaus County Department of Workforce Development Case Managers and the Case Managers of contracted service providers will have all program participants sign and date the document, and will file it in the participant's file immediately upon his/her enrollment.

### **POLICY:**

A new *Stanislaus County Department of Workforce Development/WIOA Nondiscrimination & Equal Opportunity Grievance/Complaint Policy* has been instituted as the approved grievance/complaint process and procedure. The Policy supercedes and replaces all other previous versions.

**References:** EDD Directive WSD17-01, Federal Register 29 CFR Parts 38.25 and 38.26, and WIOA Section 188.

### **Point of contact for this policy:**

Adolph Lopez, DWD Equal Opportunity Officer/Administration Services Manager  
Telephone: (209-558-2149) Email: lopezad@stanalliance.com



Doris Foster  
Director

### **Attached:**

1. Stanislaus County Department of Workforce Development/WIOA Nondiscrimination & Equal Opportunity Grievance/Complaint Policy
2. Discrimination Complaint Form: form Version per WSD17-01

**Stanislaus County Department of Workforce Development**  
**Workforce Innovation and Opportunity Act (WIOA)**  
**Nondiscrimination & Equal Opportunity Grievance/Complaint Policy**  
**Rev: October 3, 2017**

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The recipient of Federal financial assistance must comply fully with the nondiscrimination and equal opportunity provisions of the following laws and will remain in compliance for the duration of the award of Federal financial assistance. It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

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, 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.

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.

Where the WIOA Title I financial assistance is intended to provide, or is in the form of, either personal property, real property, structures on real property, or interest in any such property or structures, the assurance will obligate the recipient or transferee, for the longer of:

1. The period in which the property is used for either the purpose of WIOA Title I assistance is extended or for another purpose involving the provision of similar services or benefits.
2. The period during which either the recipient retains ownership or possession of the property or the transferee retains ownership or possession of the property without compensating the Departmental grant making agency for the fair market value of that ownership or possession.

In all other cases, the assurance will obligate the recipient for the period during which WIOA Title I financial assistance is extended.

Recipients of Federal financial assistance must comply with 29 CFR part 38 and all other regulations implementing the laws listed above. This assurance applies to all operations of the WIOA Title I financially assisted programs or activities, and to all agreements the recipient makes to carry out the WIOA Title I financially assisted program or activity. The recipient understands that the United States government has the right to seek judicial enforcement of this assurance.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities. No qualified individual with a disability may be excluded from participation in, or denied benefits of a service, program, or activity or be subjected to discrimination by any recipient because a recipient's facilities are inaccessible or unusable by individuals with disabilities.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you believe that you have been subjected to discrimination under a WIOA Title I financially assisted program or activity, you may file a complaint in writing using the Stanislaus County Department of Workforce Development Discrimination Complaint Form within 180 days from the date of the alleged violation with:

**Adolph Lopez, Equal Opportunity Officer (EEO)**  
**Stanislaus County Department of Workforce Development**  
**P.O. Box 3389**  
**Modesto, CA 95353-3389;**  
**Email:LopezAd@stanalliance.com**  
**Telephone: 209-558-2149**  
**TTY for Hearing/Speech Impaired 1-800-735-2922**

Or

**The Director, Civil Rights Center (CRC)**  
**U.S. Department of Labor**  
**200 Constitution Avenue NW, Room N-4123**  
**Washington, DC 20210, or electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).**

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 (CRC).

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 may file a complaint with CRC before receiving that Notice. 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 the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Client acknowledgement:**

I have read, or had this procedure explained to me. I understand that I can contact Stanislaus County Department of Workforce Development Equal Opportunity Officer (EEO) for assistance if necessary. I am aware of my right to seek legal help from an attorney, lawyer or other persons at my own expense. I understand that neither I nor anyone who helped or assisted me can be threatened or suffer retaliation because I filed a Civil Rights complaint.

\_\_\_\_\_  
**Participant Name (Print)**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Parent/Guardian Signature (17 years old or younger)**

\_\_\_\_\_  
**Date:**

**STANISLAUS COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT  
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 America's Job Center of California at 629 12<sup>th</sup> Street, Modesto, CA 95354, Equal Opportunity Officer or Employment Development Department Field Office complaint representative.

**1. Complainant Information**

Miss  Ms.  Mrs.  Mr.  Other

Home Phone: (    ) -

Work Phone: (    ) -

Cell: (    ) -

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

<b>7. Have You Previously Filed a Complaint Against this Person(s)/Entity?</b> <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.

<b>8. What Corrective Action or Remedy Do You Seek? Please Explain.</b>           
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<b>9. Choosing a Personal Representative</b>	
<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative.</li> </ul>	
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.	
<b>AUTHORIZATION OF PERSONAL REPRESENTATIVE</b>	
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

**You must sign this form for your complaint to be processed!**

Faxed or otherwise electronically delivered complaints will be logged into our system. However, an official investigation cannot begin until the original, signed copy is received.

Signature:

Date: