**Shenandoah Valley Workforce Development Board**

**Equal Opportunity (EO) Rights of Notification**

**Equal Opportunity Is The Law**

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, or 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, on the basis of the individual’s citizenship status or participation in any WIOA Title I–financially assisted program or activity.

 If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient’s Equal Opportunity Officer: *Sharon Johnson,* Shenandoah Valley Workforce Development Board, P.O. Box 869 Harrisonburg, VA 22803, or you may file a complaint directly with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington D.C. 20210. If you elect to file your complaint with the recipient, you must wait until the recipient issues a decision or until 90 days have passed, whichever is sooner, before filing with (CRC) (see address above). If the recipient has not provided you with a written decision within 90 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with (CRC) within 30 days of the expiration of the 90 day period. If you are dissatisfied with the recipient’s resolution of your complaint, you may file a complaint with the (CRC). Such complaint must be filed within 30 days of the date you received notice of the recipient’s proposed resolution.

\*Recipient - means any entity to which Federal financial assistance under any title of (WIOA) is extended, either directly or through the Governor or through another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIOA-funded program or activity and the Governor. Recipient includes, but is not limited to: Job Corps Centers and One Stop Center/Operators (excluding Federally- operated Job Corps Centers), State Employment Security Agencies, State-level agencies that administer WIOA funds, SDA grant recipients, Substate grant recipients and service providers, as well as National Program recipients.

**Grievance and Complaint Procedure**

Each grievance or complaint must be filed, in writing, to the Shenandoah Valley WDB, PO Box 869, Harrisonburg, VA 22803, within 30 calendar days of the alleged incident and shall contain the following information:

1. The name, address and phone number of the person filing the grievance or complaint;

2. The date of the alleged situation and the date the grievance or complaint was filed;

3. The identity of the respondent (i.e. the individual or entity against whom the grievance or complaint is alleged);

4. A description of the allegations. This description must include enough detail to allow the reviewer to decide whether the allegations, if true, would violate any of the provisions of WIOA; and

5. The signature of the person filing the grievance or complaint.

I understand that written policies on Grievance Procedures are on file at the contactor’s administrative office and that I may have a copy upon request.

I have read of my rights under WIOA programs and have been given a copy of the Equal Opportunity Rights Notification.

*I, THE APPLICANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPLAINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION.*

# **Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian** (*if participant under 18*) Date­\_\_\_\_\_\_\_

*I, AS A REPRESENTATIVE OF THE SHENANDOAH VALLEY WORKFORCE DEVELOPMENT BOARD, HAVE EXPLAINED THE INFORMATION CONTAINED IN THIS NOTIFICATION TO THE APPLICANT.*

**Signature of Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_