



Application Disclosure Documents

Name (First, Middle, Last):

Last 4 SSN

State ID #

Program Complaint and Grievance Procedures

If you believe you have been adversely affected by a decision or action of the local workforce system that is in violation of the Workforce Innovation and Opportunity Act (WIOA), you may file a grievance or complaint at any time within one year of the alleged violation using the process described below.

If your complaint involves discrimination, please see the "Discrimination Complaint Procedures."

1. Ask to speak with a Workforce Development Department (WDD) Supervisor within 90 days of the day the incident occurred.

- A supervisor will contact you within three (3) business days to discuss your complaint or grievance
- If you are not satisfied with the decision, go to Step 2

2. Ask to speak with a WDD Manager about your complaint.

- A manager will contact you within three (3) business days
- If you are not satisfied with the decision, go to step 3

3. Ask to speak with a WDD Deputy Director about your complaint or grievance.

- Address a letter to the Deputy Director explaining the incident surrounding your complaint within three business days of step 2
- The Deputy Director will contact you within seven (7) business days of receiving the written notice of grievance
- If you are not satisfied with this decision, go to Step 4

4. The Deputy Director will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses and/or your service provider.

- The meeting will take place within 25 business days of the day you spoke with the Department of Workforce Development Supervisor about your grievance or complaint
- If you are not satisfied with the decision, go to Step 5

5. Complete the Program Complaint and Grievance Request for Hearing 181C form, available at any America's Job Center of California. You have the right to a hearing on any grievance or complaint to be conducted by an impartial hearing officer within 30 days of the submission of the 181C form. Send the completed form to:

Adriana Escobedo
Administration Manager/Equal Opportunity Officer
RIVCO, Workforce Development Division
1325 Spruce Street, Suite 400, Riverside, CA 92507

You may file an appeal or request a separate review by Employment Development Department (EDD) if you experience an incident of restraint, coercion, or reprisal as a result of filing a complaint. To file an appeal, please send your request to: Chief, Compliance Review Office, MIC 22-M, Employment Development Department, P.O. Box 826880, Sacramento, CA 94280-0001.

For technical assistance with filing your complaint, contact the Equal Opportunity Officer at (909) 387-9845. TTY users can contact the Equal Opportunity Officer through the California Relay service (711). For federal funding disclosure information, visit wp.sbcounty.gov/workforce/about/ffd/.

☐

Initial Here

I have read and understand the Workforce Development Department's program complaint and grievance procedure.



Application Disclosure Documents

Discrimination Complaint Procedures

If you believe you have experienced discrimination in your Workforce Innovation & Opportunity Act (WIOA) program, activity or service, you may file a complaint using the following process.

1. Ask to speak with a Workforce Development Department (WDD) Supervisor within 90 days of the day the incident occurred.

- A supervisor will contact you within three (3) business days to discuss your complaint or grievance
- If you are not satisfied with the decision, go to Step 2

2. Ask to speak with a WDD Manager about your complaint.

- A manager will contact you within three (3) business days
- If you are not satisfied with the decision, go to step 3

3. Ask to speak to the Equal Opportunity Officer of WDD about the incident.

- The EEO will contact you within seven (7) business days of the day you spoke with the WDD Manager about the incident
- If you are not satisfied with this decision, go to Step 4

4. Obtain EDD's "[Discrimination Complaint Form](#)" at any America's Job Center of California. Send the completed form to:

Fred Burks, Equal Opportunity Officer
San Bernardino County Workforce Development
290 North 'D' Street, Suite 600
San Bernardino, CA 92415-0046

The Equal Opportunity Officer must receive your written complaint no later than 180 days from the date you believe the discrimination happened.



Initial Here

I have read and understand the Workforce Development Department's discrimination complaint procedure. I understand that if I feel I have experienced discrimination, I may use this procedure, or I may send a written complaint directly to the Equal Opportunity Officer at the address above.



Application Disclosure Documents

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, national origin, age, disability, political affiliation, pregnancy, childbirth, and related medical conditions, transgender status, gender identity or belief; and
- Against any beneficiary of programs financially assisted under Title-I of the Workforce Innovation & 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 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 recipient's Equal Opportunity Officer (or person whom the recipient has designated for this purpose); or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC20210.

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.

If you believe you have experienced discrimination in your Workforce Innovation & Opportunity Act (WIOA) program, activity or service, you may file a complaint using the following process.

1. Ask to speak with a Workforce Development Department (WDD) Supervisor within 90 days of the incident.
 - A supervisor will contact you within three (3) business days to discuss the incident
 - If you are not satisfied with the decision, go to Step 2
2. Ask to speak with a WDD Manager about the incident.
 - A manager will contact you within three (3) business days of the day you spoke with the supervisor about the incident
 - If you are not satisfied with the decision, go to Step 3
3. Ask to speak to the Equal Opportunity Officer of the WDD about the incident.
 - The EEO will contact you within seven (7) business days of the day you spoke with the WDD Manager about the incident
 - If you are not satisfied with the decision, go to Step 4
4. Obtain EDD's "[Discrimination Complaint Form](#)" at any America's Job Center of California. Send the completed form to:

Fred Burks, Equal Opportunity Officer
San Bernardino County Workforce Development Department
290 North 'D' Street, Suite #600
San Bernardino, CA 92415-0046

Phone: (909) 387-9845
California Relay Service: 711
Fax: (909) 889-2460
Email: fburks@wdd.sbcounty.gov

The Equal Opportunity Officer or the CRC must receive your written complaint no later than 180 days from the date you believe the discrimination happened. This WIOA Title-I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



Initial Here

I have read the above and understand my equal opportunity rights under the Workforce Innovation & Opportunity Act. I understand that if I feel I have experienced discrimination, I may use this procedure, or I may send a written complaint directly to the Equal Opportunity Officer at the address above.



Application Disclosure Documents

Equipment and Resource Usage Agreement

All equipment in the Resource Rooms at our America's Job Centers of California is intended for job-related use only. Please adhere to the following guidelines regarding the use of these Resource Rooms:

Resource Room:	<ol style="list-style-type: none">1. Turn cell phones on vibrate and conduct conversations outside.2. Dress code is business casual.3. Materials located in the Resource Room are not to be removed unless approved by staff.4. Food and drinks are not permitted.5. Children are not permitted.6. Service animals are permitted.
Computer Usage:	<ol style="list-style-type: none">1. Modifying computer settings and loading software of any kind is prohibited.2. Be sure to save your own copy of documents, computers have a deep freeze setting that will wipe out all saved files.3. Computer usage is restricted to job search activities only.4. NO instant messaging or chat activities permitted.5. Time limits of 30 minutes will be imposed on computer usage when space is limited.6. Printing is limited to 10 pages per day.
Fax Machine:	<ol style="list-style-type: none">1. Fax machine transmittals will be processed by staff in the order requests are made.2. Incoming transmittals are permitted ONLY when pre-approved by staff and must be addressed to the attention of staff member who gave approval.
Copy Machine:	<ol style="list-style-type: none">1. Use of colored paper is prohibited unless pre-approved by staff.2. Copies are limited to 10 pages per day.3. Ask for assistance when using the machine.
Liability of Property:	<ol style="list-style-type: none">1. Please do not leave your personal belongings unattended. Staff is not responsible for lost, stolen, or moved items.
Lobby:	<ol style="list-style-type: none">1. You must check in with Reception to enter the Resource Room.2. A responsible adult must accompany children at all times while in the lobby.3. Access to employee work areas is strictly prohibited unless accompanied by staff.
Compliance:	Your initial below is an acknowledgment that you are informed of the policies contained on this page, understand that other rules may be applicable, and are responsible for complying with them. Customers who violate any part of this policy or use any resource improperly will be restricted from future use.
California Relay Service 711:	This WIOA Title-I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



I have read and understand the above agreement.

Initial Here



Application Disclosure Documents

Follow-Up Agreement

The Workforce Innovation & Opportunity Act (WIOA) is a federally funded program, which requires monitoring the progress of our participants, including employment verification, for one year after exiting the program.

Participant Release of Information Statement:

As an enrollee in the WIOA program, I agree to notify your office if my address changes. I also agree to provide information including my employer's name, address, and phone number, the number of hours I am working, my start date, my rate of pay, and my job description.

I hereby give permission to the San Bernardino County Workforce Development Department (WDD) to perform employment status checks using my social security information for the full duration of my participation in the WIOA program.

I also hereby give permission to my employer to release information regarding my employment and earnings to the WDD WIOA program. I understand that the information I provide will be kept strictly confidential.

NEPOTISM

1. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an elected City or County official?

☐ Yes ☐ No If you answered "yes," what is his/her name, elected title and relationship to you?

2. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an employee of a City, County or WIOA-funded organization?

☐ Yes ☐ No If you answered "yes," what is his/her name, organization, position and relationship to you?

PARTICIPANT CERTIFICATION

My signature below indicates that I have been informed of and understand the information contained in this packet.

Participant Name

Participant Signature

Date