IMPORTANT! This document contains important information about WIOA training guidelines including eligibility, application procedures, benefits and your rights. It is critical that you understand the information in this document.

Translation assistance is available for WIOA services at www.atlantaregional.org/wioatraining. Click on “Select Language”. Telephone Translation assistance of this vital document is available at the WorkSource Atlanta Regional Career Resource Center in your County: Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry, and Rockdale. For the telephone number and address www.atlantaregional.org/wioatraining.

именно! Этот документ содержит информацию важную информацию о руководящих принципах подготовки WIOA, включая отбор, процедуры проверки, преимущества и ваши права. Это важно, что вы понимаете информацию в настоящем документе.

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Babel Notice
Vital Information

GENERAL POLICY

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by the Atlanta Regional Commission (ARC) and/or the Atlanta Regional Workforce Development Board (ARWDB) will be treated fairly. Grievance/complaints should be filed in accordance with the written procedures established by Workforce Solutions of the Atlanta Regional Commission. Signed and dated grievance forms are in all participant case files; updates to policies and procedures are distributed to all active participants. If you believe you have been harmed by a violation of the Workforce Innovation and Opportunity Act or regulations of this program, you have the right to file a grievance/complaint as well as request information and assistance with filing a complaint.

EQUAL OPPORTUNITY POLICY

ARC adheres to the following United States laws: "No individual shall be excluded from participation, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any such program because of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship or participation. References include WIOA Title 1, Title VI of the Civil Rights Act of 1964, Section 504 of Rehabilitation Act of 1973, The Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and 29 CFR §38.25.

COMPLAINTS OF DISCRIMINATION

The ARC is prohibited from, and does not engage in, discriminating against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity. The complainant has the right to be represented in the complaint process by an attorney or other representative.

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 Atlanta Regional Commission, WIOA Equal Opportunity Officer, Anna Thompson, Workforce Solutions, 229 Peachtree St. NE, Suite 100 Atlanta, GA 30303, 470-378-1615; TDD/TTY: 1-800-255-0056, voice: 1-800-255-0135, workforce@atlantaregional.org, OR

Complaints may also be filed in writing with the Georgia Department of Economic Development, Workforce Division, David Dietrichs, WIOA Title I Equal Opportunity Officer, 75 Fifth Street, NW, Suite 845, Atlanta, GA 30308, 404-962-4136; DDietrichs@georgia.org; FAX: 404-486-1181; TTY/TDD 1-800-255-0056. Complaint Form at: http://www.georgia.org/wp-content/uploads/2014/06/WFD-Grievance-Form-110915.pdf OR

A complainant may file directly with the Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Or at the website below: http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm.

Furthermore, the USDOL Civil Rights Center provides a complaint form which should be utilized, if sending a discrimination-based complaint, and can be found at the website detailed above. If the complainant chooses to file the discrimination

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complaint with The Atlanta Regional Commission or Georgia Department of Economic Development, Workforce Division, (GDecD, WD) then GDecD, WD or the ARC has 90 days to resolve the complaint and issue a written Notice of Final Action. Options for resolving the complaint must include alternative dispute resolution, at the complainant’s election.

If the complainant is dissatisfied with the resolution of his/her complaint at ARC or the State level, the complainant may file a new complaint with the Civil Rights Center (CRC) within 30 days of the date on which the complainant receives the Notice of Final Action.

If GDecD, WD, or ARC fails to issue the Notice within 90 days of the date on which the complaint was filed, the complainant may file a new complaint with CRC within 30 days of the expiration of the 90-day period (in other words, within 120 days of the date on which the original complaint was filed).

ARC will offer full cooperation with any local, state, or federal investigation in accordance with the aforementioned proceedings, or with any criminal investigation; no evidence will be destroyed or altered if notice of investigation is received.

COMPLAINTS OF FRAUD, ABUSE OR OTHER ALLEGED CRIMINAL ACTIVITY
In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644. There is no charge for this call. Complaint Form: http://oig.georgia.gov/file-Complaint

COMPLAINTS AGAINST PUBLIC SCHOOLS
If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)
All other complaints must be filed within one-hundred eighty (180) days after the act in question by first submitting a written request for resolution to:

| WIOA Equal Opportunity Officer | Rob LeBeau                      |
| Workforce Solutions            | Manager, Workforce Solutions    |
| Atlanta Regional Commission    | Atlanta Regional Commission     |
| 229 Peachtree St., NE,, Suite 100 | 229 Peachtree St., NE, Suite 100 |
| Atlanta, Georgia 30303         | Atlanta, Georgia 30303          |
| workforce@atlantaregional.org  | 404-463-3327                   |

Complaints filed with ARC must contain the following:
A. The full name, telephone number, email (if any), and complete mailing address of the person making the complaint.
B. The full name, address and email of the person or organization against whom the complaint is made.
C. A clear but brief statement of the facts including the date(s) that the alleged violation occurred, including the identification of all relevant parties.
D. Relief requested.
E. Complainant’s signature and date.

For the grievance submission form, see page four of these procedures or the website:

http://atlantaregional.org/wioagrievance

A complaint will be considered to have been filed when ARC receives from the complainant a written statement, including information specified above which contains sufficient facts and arguments to evaluate the complaint.

Upon receipt of the complaint, the ARC WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved to bring resolution as soon as possible; this will include a meeting of all parties with the hope of reaching a mutually
satisfactory resolution or alternative dispute resolution if the complainant so chooses. If the complaint has not been resolved to the satisfaction of the complainant within thirty (30) days, the ARC WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within 60 days of grievance filing. Every complainant shall have the opportunity to request a hearing in writing for any complaint that is filed.

In the event ARC arranges a hearing for settlement of the complaint, the complainant(s) will be given a written notice of the date, hour, place of the hearing, a statement of the authority and jurisdiction under which the hearing is to be held, a reference to the particular section of the Act, regulations, subgrant or other contract under the Act involved, a notice to all parties of the specific charges involved, a statement of the right of both parties to be represented by legal counsel, an indication of the right of each party to present evidence both written and through witness and a statement of the right of each party to cross-examination. ARC will select an impartial hearing officer.

Hearings on any grievance/complaint filed shall be conducted within thirty (30) days of failed informal resolution or within 60 days of the date the complaint was filed. Written decisions shall be rendered not later than sixty (60) days after the hearing.

If the complainant(s) does not receive a written decision from the Hearing Officer within sixty (60) days of the hearing of the grievance/complaint, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by attaching the local resolution to the WFD complaint form:


Deputy Commissioner
Georgia Department of Economic Development, Workforce Division
75 Fifth Street, NW Suite 845
Atlanta, GA 30308
Phone: 404-962-4005
FAX: 404-876-1181

The Deputy Commissioner shall act as the Governor’s authorized representative. Once WD has received the Complaint form and the local resolution, WD shall issue its own resolution on the issue being appealed within sixty (60) days. If the State does not respond within the 60 days, or either party wants to appeal the decision, WIOA allows for a formal appeal by certified mail, return receipt requested to Secretary, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, Attention: ASET (202) 693-3015. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator and the opposing party. For complaints made against WFD, complainant may request a hearing in writing within 60 days of the date complaint was filed.

Federal appeals must be made within 30 calendar days of the receipt of the local or State decision. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until and unless the proper, formal procedure has been followed. No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURES.

__________________________________________        ____________________
Signed                                      Date

_________________________________________        ____________________
Parent                                      Date

June 14, 2017
1. Person Making Complaint
   Full Name: ___________________________________________ __________________________
   Telephone Number: _______________________________________________________________
   Address: __________________________________________________________________________
   Email: ____________________________________________________________________________
   Career Advisor: ______________________________________________________________________

2. Person or Organization Against Whom the Complaint is Made
   Full Name: ______________________________________________________________
   Telephone Number: _____________________________________________________________
   Address: __________________________________________________________________________
   Email: ____________________________________________________________________________

3. Clear, Brief Statement of the Facts Including the Date(s) the Alleged Violation Occurred Including Identification of All Relevant Parties (write on back if necessary or attach typed statement) Must be within 180 days of the incident.
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

4. Relief Requested
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

5. Complainant may request a hearing, alternative dispute resolution or participate in informal resolution attempts or file with Civil Rights if the complaint is a discrimination issue.

6. For questions, to request assistance or submit a grievance contact:
   Anna Thompson, WIOA Equal Opportunity Officer, Workforce Solutions Group,
   Atlanta Regional Commission, 229 Peachtree St, NE, Suite 100 Atlanta, GA 30303.
   Phone: 470-378-1615;  FAX to email: 4704192704;  athompson@atlantaregional.org

7. The information contained in this complaint is true and accurate:
   Signed: ____________________________________________ Date: ____________________________
   Signed (Parent): ___________________________________ Date: ________________________

June 14, 2017