



Bill Chong
Commissioner

2 Lafayette Street, 19th Floor
New York, NY 10007

646 343 6000 tel
646 343 6613 fax

www.nyc.gov/dycd

WORKFORCE INNOVATION AND OPPORTUNITY ACT

NOTICE OF RIGHTS

ACKNOWLEDGEMENT BULLETIN

GRIEVANCE AND DISCRIMINATION COMPLAINT PROCEDURES

You may file a written grievance or discrimination complaint that your rights were violated by the Workforce Innovation and Opportunity Act (WIOA) Title I financially assisted program activity.

The procedures for filing and processing a grievance are described in the attached WIOA Grievance Procedure, and the procedures for filing and processing a discrimination complaint are described in the attached WIOA Equal Opportunity and Non-Discrimination Complaint Processing Procedures Overview. Please note that the two procedures are separate and distinct.

You must file within the specified time frames (one year for a grievance and 180 days for a discrimination complaint).

If you have any questions regarding the filing of a grievance or discrimination complaint or the appropriate procedures to follow, you may contact the WIOA Equal Opportunity Officer or the WIOA Grievance officer for further assistance.

I. Program Type (check only one):

- Out of School Youth Program (OSY)** **Other (Specify):** _____
- OST Option II-Transition to Adulthood (OST/TTA)**

II. Please Type Agency Info Below:

Program Name: _____ Program Hours of Operation _____

Project Director: _____ EO Liaison: _____

Program Address: _____

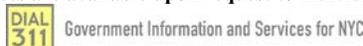
Telephone #: () _____ TTY/TDD/Etc.: 1-800-662-1220

<p>WIOA Equal Opportunity Officer:</p> <p>Name: Denise Pilgrim NYC DYCD</p> <p>Address: 161 William Street, Rm 827 NEW YORK, N.Y. 10038</p> <p>Telephone #: (646) 343-6680</p>	<p>WIOA Grievance Officer:</p> <p>Name: William Kamen NYC DYCD</p> <p>Address: 2 Lafayette Street, 14th Floor NEW YORK, N.Y. 10007</p> <p>Telephone #: (646) 343-6229</p>
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OR

TTY/TDD/Etc.: New York Telecommunications Relays
1-800-662-1220 (TTY) ◆ 1-800-421-1220 (Voice)

The Department of Youth and Community Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.



I have read this form and understand that I have a right to file a grievance or discrimination complaint if I feel that my rights were violated by the WIOA Title I financially assisted program or activity.

In addition, I acknowledge receipt of the following documents/information:

1. **Equal Opportunity is the Law poster (EO):** inform you of your rights, the bases for which you can file a complaint (race, color, national origin, religion, sex, age, disability, political affiliation or belief), and what to do if you believe you have experienced discrimination and the point(s) of contact (Department of Youth and Community Development, New York State Department of Labor, and United States Department of Labor/Civil Rights Center) for filing a discrimination complaint.
2. **Equal Employment Opportunity is the Law poster:** applicants to and employees of programs or activities receiving Federal Financial Assistance are protected under Federal law from discrimination on the following bases: race, color, national origin, sex, and disabilities. If you believe you have been discriminated against, you should immediately contact Department of Youth and Community Development. **(For employees only)**
3. **Notice of Rights Acknowledgement:** serves as your acknowledgement of receipt of the Equal Opportunity Is the Law Poster, WIOA Grievance Procedures, EO and Non Discrimination Policy and Complaint Processing Procedures Overview, Know Your Rights Pamphlet, as well as where to obtain the Complaint Information Form/Consent Form, Grievance Form, and Reasonable Accommodations Procedures and Forms. ***Your signature, date, and format in which you received this notice are required.*** **(For participant/employee only)**
4. **Sexual Harassment:** is a form of sex discrimination that violates Title VII of the 1964 Civil Rights Act as amended in 1972, New York State Human Rights Law and the WIOA. Sexual Harassment consists of unwanted, unwelcome sexual advances or sexual conduct in the workplace, which has the effect of unreasonably interfering with a person's work performance. This type of behavior can create an intimidating or hostile work environment. For examples of sexual harassment and what you do if you are a victim of sexual harassment, view the pamphlet entitled "Preventing Sexual Harassment in the Workplace".
5. **Limited English Proficiency:** If English is not your primary language and you have limited ability to read, speak, write, or understand English, you can be limited English proficient (LEP). You may be entitled to language assistance with respect to a particular type of service, benefit, or encounter, as prescribed by Executive Order 13166. If you are mistreated because you are LEP, it may be National Origin Discrimination. For examples of possible discrimination, as well as examples of good practices, view the pamphlet entitled "Know Your Rights – Federal Interagency Working Group on Limited English Proficiency."

This information was provided in the following format/language:

III. Check all that apply:

Language: English Spanish Other _____ **Alternate Format:** Audio Braille

IV. Check which one is applicable:

<input type="checkbox"/> Employee	_____	_____	_____	_____
	Print Name	Signature	Title	Date
<input type="checkbox"/> Participant	_____	_____		_____
	Print Name	Signature		Date
<input type="checkbox"/> Vendor	_____	_____	_____	_____
	Print Name	Signature	Site Name	Date

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Government Information and Services for NYC

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