

**WORKFORCE INNOVATION and OPPORTUNITY ACT
EQUAL OPPORTUNITY AND NON-DISCRIMINATION POLICY
AND
COMPLAINT PROCESSING PROCEDURES**

By signing below, I agree to adopt and abide by the Workforce Innovation and Opportunity Act Equal Opportunity and Nondiscrimination Policy and Complaint Processing Procedures set forth in the attachments.

(Date)

(Signature of Chief Local Elected Official)

(Typed Name of Chief Local Elected Official)

(Title of Chief Local Elected Official)

(Name of Unit of Local Government)

(Mailing Address, part 1)

(Mailing Address, part 2)

_____, New York _____
(City) (Zip + 4)