

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 or belief; and Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (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:

LWIOA EO Officer

NYC Department of Small Business Services
1 Liberty Plaza, 11th Floor
New York, NY 10006
Email: eeohelpdesk@sbs.nyc.gov
Voice: 212.513.6477
TDD/TTY: 1.800.662.1220

-OR-

Director

Division of Equal Opportunity Development
NYS Department of Labor
State Office Campus, Building 12, Rm 540
Albany, NY 12240
Email: usaada@labor.state.ny.us
Phone: 518.457.1984
TDD: 1.800.662.1220
Voice: 1.800.421.1220

Or you may file a complaint directly with:

Director

Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW Room N-4123
Washington, D.C. 20210

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. To file a complaint you should complete the attached Complaint Information Form (CIF Form) and mail it to either the Department of Small Business Services or the Civil Rights Center. If you choose not to use the CIF Form, your complaint must be in writing and contain the following information: complainant's name; complainant's address (or other means of contacting complainant); the identity of the respondent (the individual or entity that complainant alleges is responsible for the discrimination); a detailed description of the events that the complainant alleges were discriminatory; and the complainant's signature or the signature of the complainant's authorized representative.

Equal Opportunity Employer / Program. Auxiliary aids and services are available upon request to individuals with disabilities

NOTICE OF RIGHTS



NYC
Small Business
Services

careers
businesses
neighborhoods

COMPLAINANT'S INFORMATION

Name:

Address:

Home phone:

Work phone:

Cell phone:

RESPONDENT'S INFORMATION

In the space provided, list the name of the individual(s) and the location of the alleged discriminatory incident (if more space is needed attach additional sheet(s)).

Provide the date the first incident took place:

Date of Most Recent Occurrence:

To the best of your knowledge which of the following Department of Labor programs were involved in the alleged discrimination?

NYC Workforce1 Career Center

- NYC Workforce1 Career Center
- Unemployment Insurance
- Employment Service
- Trade Adjustment Assistance
- Older Americans

BASIS OF COMPLAINT

Which of the following best describes why you believe you were discriminated against? *(Please specify)*

Basis for Discrimination	Please Specify
<input type="checkbox"/> Race	
<input type="checkbox"/> Color	
<input type="checkbox"/> Religion	
<input type="checkbox"/> National Origin	
<input type="checkbox"/> Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Age (D.O.B.)	
<input type="checkbox"/> Disability	
<input type="checkbox"/> Political Affiliation	
<input type="checkbox"/> Citizenship	

Do you think the discrimination against you affected:
(check one)

- Your job or job search -OR- Your use of the facilities or someone providing/ not providing you with services or benefits.

Explain as briefly and as clearly as possible what happened and how you were discriminated against. Be sure to indicate who was involved and how other persons were treated differently from you. If necessary, you may also attach additional written material pertaining to your case.

What other information do you think is relevant to our investigation?

If this complaint is resolved to your satisfaction what remedies do you seek?

Please list any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to further support your response (if necessary feel free to attach additional written material).

Have you filed a case or complaint with any of the following?

- Civil Rights Division, U.S. Department of Justice
- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- Your State or local human relations/rights commission nyc.gov/humanrights

For each item checked above, please provide the following information (if you have checked more than one attach additional pages).

Agency:

Location of Agency or Court:

Date Filed:

Name of Investigator:

Case or Docket number:

Case Status:

Signature

Date