



Bill Chong
Commissioner

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WORKFORCE INVESTMENT ACT
NOTICE OF RIGHTS
ACKNOWLEDGEMENT

GRIEVANCE AND DISCRIMINATION COMPLAINT PROCEDURES

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

The procedures for filing and processing a grievance are described in the attached WIA Grievance Procedure, and the procedures for filing and processing a discrimination complaint are described in the attached WIA 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 WIA Equal Opportunity Officer or the WIA Grievance officer for further assistance.

Program Type (check only one):

- | | |
|--|---|
| <input type="checkbox"/> Out of School Youth Program (OSY) | <input type="checkbox"/> OSY Summer Component |
| <input type="checkbox"/> OST Option II-Transition to Adulthood (OST/TTA) | <input type="checkbox"/> OST TTA Summer Component |
| <input type="checkbox"/> SYEP | <input type="checkbox"/> Other (Specify): _____ |

Please Type Agency Info Below:

Program Name: _____

Project Director: _____

EO Liaison: _____

Address: _____

Telephone #: () _____

TTY/TDD/Etc.: 1-800-662-1220

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.



WIA Equal Opportunity Officer:

Name: Denise Pilgrim
NYC DYCD
Address: 156 William Street, 2nd Floor
NEW YORK, N.Y. 10038
Telephone #: (212) 442-6022

WIA Grievance Officer:

Name: William Kamen
NYC DYCD
Address: 156 William Street, 2nd Floor
NEW YORK, N.Y. 10038
Telephone #: (212) 442-5924

OR

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

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 WIA Title I financially assisted program or activity.

I acknowledge receipt of the following documents/information:

- (1) Workforce Investment Act Grievance Procedures**
- (2) Workforce Investment Act Equal Opportunity and Non-Discrimination Policy & Complaint Processing Procedures Overview**
- (3) “Equal Opportunity is the Law” Poster**
- (4) Know Your Rights**
- (5) Where to obtain the Complaint Information Form (CIF)/Consent Form and Grievance Form**
- (6) Notice of Rights Acknowledgment (copy)**
- (7) Where to obtain the Reasonable Accommodations Policies & Procedures and Request Form.**

This information was provided in the following format/language:

Please Check One: English Spanish
 Other language – Specify _____
 Alternate Format – Specify _____

Please Check One: Participant Employee Other _____

Name (Print): _____

Signature: _____

Date: _____