



Jeanne B. Mullgrav  
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: \_\_\_\_\_

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, 2<sup>nd</sup> 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)**

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:** \_\_\_\_\_

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