

Colorado Rural Workforce Consortium
COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

WORKFORCE INVESTMENT ACT (WIA)

COMPLAINT PROCEDURE/EEO

If, at any time during your participation in a WIA program you feel that you have been treated unfairly, then you may take recourse by filing a complaint. The aggrieved action must be WIA related and may pertain to any of the following matters.

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| 1. | Discrimination on the grounds of race, color, national origin, citizenship, sex, age, religion, disability, or political affiliation or belief (Provide Notice to Applicant); |
| 2. | Payment of wages; |
| 3. | Dissatisfaction with working conditions; |
| 4. | Disciplinary action; |
| 5. | The WIA is required by Public Law 107-288, section 2(a) of the Jobs for Veterans Act 38 U.S.C. 4215 (a) to give priority of service to veterans (and some spouses) "who otherwise meet the eligibility requirements for participation" in DOL training programs; |
| 6. | Any other matters in which you have not been treated fairly. |

After all efforts have failed to verbally resolve your matter in question, you may request a Report of Complaint Form from your local CRWC representative located at:

Address _____

Phone _____

Your local Workforce representative will provide you with any needed assistance in completing the complaint form and will also provide you with the names, addresses, and phone numbers of the appropriate Workforce Director. Upon receipt of a written complaint, your local workforce center will provide you with a copy of the complete WIA Complaint Procedures.

A member of the local workforce center staff has explained and discussed with me the WIA Complaint Procedure. I also acknowledge receipt of the form "NOTICE TO APPLICANT – EQUAL OPPORTUNITY IS THE LAW."

Participant's Signature

Date

I have explained and discussed the WIA Complaint Procedure with the participant.

Staff Member's Signature

Date

Original: Participant's File
Copy: Participant

Colorado Rural Workforce Consortium WIA Application

Signature Page

(Attach to WIA Application Screen Print Out)

I certify that the information contained in this application is true to the best of my knowledge. I am aware that this information is subject to review and verification, and that I may be required to provide documentation in its support. I am also aware that I am subject to immediate termination from the program if I am found to be ineligible after enrollment and may be prosecuted if the information I have provided is false. I authorize the release of information contained in this application for use in verifying my eligibility for any WIA programs. I understand that the information will not be released for any purpose other than to authorized state or federal personnel for monitoring purposes.

I have been informed of the appeals process I can follow if I disagree with a WIA service provider's decision, based on information contained in this application. I have read and understand Section 34.23(a)(5) of Title 29 CFR, Equal Opportunity is the Law.

I have been informed that the WIA is required by Public Law 107-288, section 2(a) of the Jobs for Veterans Act 38 U.S.C. 4215 (a) to give priority of service to veterans (and some spouses) "who otherwise meet the eligibility requirements for participation" in DOL training programs.

Applicant Signature

Parent/Legal Guardian Signature

Date of Signature

Date of Signature

Intake/Case Manager Signature _____ Date: _____

Case Manager: _____ Office: _____