

TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT DISCRIMINATION COMPLAINT PROCEDURE DESCRIPTION

The Office of Diversity and Civil Rights Compliance (DCRC) is pleased to have an opportunity to assist you.

In order to assist you properly, the DCRC needs your cooperation in obtaining information that will allow staff to provide you with the best service possible. The attached Discrimination Complaint Form is designed to provide the information needed to get started. The Discrimination Complaint Form must be fully completed.

Please return the completed Discrimination Complaint Form to a DCRC administrative support member who will forward your paperwork to the EO Officer (DCRC Officer II), Melissa Cuthrell. The EO Officer will schedule a follow up appointment to review the information submitted. The EO Officer will talk with you about your concerns and issues so that a detailed understanding of your case can be developed.

The information you have provided will be review and where appropriate an DCRC Officer will be assigned to contact and work with you to resolve your concerns. It is possible that the DCRC Officer you worked with initially may/may not be the person who is assigned to work with you to resolve your concerns.

Please complete the Discrimination Complaint Form and attach any documentation you may have pertaining to the issues you have expressed. Discrimination Complaint Forms should be mailed or hand-delivered to **The Office of Diversity and Civil Rights Compliance, 141 Pryor Street, SW, 5th Floor Atlanta, Georgia 30303**. If you require any help or have any additional questions, you may call the Office of Diversity and Civil Rights Compliance at (404) 612-7305 or contact Melissa Cuthrell, EO Officer (DCRC Officer II), at (404) 612-8356.

Thank you for contacting us. We look forward to working with you.

"Fulton County is an equal opportunity employer encouraging diversity!"
If you need reasonable modifications due to a disability, including communications in an alternate format,
please contact (404) 612-7305.
For TDD/TTY or Georgia Relay Service Access, dial 711.

FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE



FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT FILING AN EQUAL OPPORTUNITY DISCRIMINATION COMPLAINT AGAINST A PROGRAM FINANCIALLY ASSISTED UNDER TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

1. What is considered discrimination under WIOA?

Discrimination is biased or unfair treatment against an individual because of one's race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin including limited English proficiency, age, disability, political affiliation or belief or any program beneficiary due to their citizenship/status as a lawfully admitted immigrant authorized to work in the United States.

2. What treatment is considered discriminatory under WIOA?

Discrimination is prohibited in any of the following areas:

- a. deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- b. providing opportunities in, or treating any person with regard to, such a program or activity; or
- c. making employment decisions in the administration of, or in connection with, such a program or activity.

3. I think I have been discriminated against, but I'm not sure. What do I do?

Individuals who feel they have been subjected to discrimination should call the Office of Diversity and Civil Rights Compliance to schedule an appointment to discuss your complaint. During the intake process, it will be determined whether or not your complaint has a discriminatory basis.

4. When should I file a complaint?

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you should file a complaint. A complaint of discrimination must be filed with the Office of Diversity and Civil Rights Compliance within 180 days from the date of the alleged violation. Under certain conditions, a waiver of the filing deadline may be granted. Waivers will be approved or denied at the time an untimely charge is filed.

5. Is the Office of Diversity and Civil Rights Compliance the only place I can file a charge of discrimination?

No. Individuals who feel they have been subjected to discrimination may file a complaint with the WIOA Title I State Equal Opportunity Officer listed below:

Britney Singer, Compliance Director
Technical College System of Georgia
1800 Century Place N.E., Suite 150
Atlanta, GA 30345
404-679-1370

OR

Individuals may also file with the **Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210**. Individuals can file a complaint of discrimination with either the Office of Diversity and Civil Rights Compliance or the Civil Rights Center. However, if you file your complaint with DCRC, you must wait either until a written Notice of Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

6. What happens if I do not receive a written Notice of Final Action within 90 days of my filing date?

If you do not receive 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 Notice before filing a complaint with the Civil Rights Center (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).

7. What happens if I am dissatisfied with the decision or resolution issued by DCRC in the written Notice of Final Action?

Individuals who are dissatisfied with the decision or resolution issued by DCRC in the written Notice of Final Action 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.

8. What happens if the unfair treatment I allege is not discrimination?

If it is determined after an intake interview that your complaint is not based on discrimination, you will be referred to the appropriate resource for the resolution of your complaint. The Fulton County Office of Workforce Development and the Grievance Process are resources for individuals to resolve complaints that do not have a discriminatory basis.

Equal Opportunity Is the Law!

29CFR §38.35

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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE

DISCRIMINATION COMPLAINT FORM

Instructions: Complete this form by providing as much detailed information as possible. You may attach additional sheets if necessary.

1. NAME (Last, First, Middle) Mr. Ms. Mrs. **2. EMPLOYEE IDENTIFICATION NUMBER**

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3. HOME ADDRESS (No. and Street) Apt # 4. CITY AND STATE ZIP CODE

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5. HOME PHONE + AREA CODE 6. WORK PHONE + AREA CODE 7. PAGER/CELL + AREA CODE

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8. E-MAIL ADDRESS 9. RACE 10. GENDER 11. DATE OF HIRE (IF APPLICABLE)

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12. DEPARTMENT CODE (IF APPLICABLE) 13. IMMEDIATE SUPERVISOR (IF APPLICABLE) 14. SUPERVISOR PHONE + AREA CODE (IF APPLICABLE)

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15. YOUR WORK LOCATION (IF APPLICABLE) 16. YOUR POSITION/TITLE (IF APPLICABLE)

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17. CURRENT EMPLOYMENT STATUS (Check One):

- Classified Full Time Employee Contract Employee Contractor/Sub-Contractor
- Grant-Funded Employee Hourly Employee Permanent Part-Time Employee
- Probationary Employee Temporary Employee Terminated Applicant
- Unclassified Full Time Employee Work Test Employee Other (e.g. Citizen, Client, Patron)

18. Are you currently working with an employee organization/union representative or attorney?

Yes No **If yes, please provide the following information:**

Name of Organization/Union: _____

Name of Representative: _____

Name of Attorney: _____

Phone Number: () _____

19a. Have you ever filed a charge alleging similar facts with any of the following offices? Check all that apply.

- EEO EEOC Grievance Employee Labor Relations
 CRC Local Agency State Court State Agency
 Federal Court Other Federal Agency

19b. Provide a brief summary of the allegations of the previously filed charge/complaint:

20a. INDICATE THE BASIS FOR THE ALLEGED DISCRIMINATION. Check all boxes that apply:

DISCRIMINATION

- AGE (40 AND OVER) COLOR DISABILITY
 GENECTIC INFO GENDER NATIONAL ORIGIN
 PREGNANCY RACE RELIGION
 RETALIATION GENDER IDENTITY SEXUAL HARASSMENT
 UNIFORMED SERVICE-MEMBER STATUS VETERNS STATUS
 OTHER _____

20b. WHO IS BEING NAMED AS THE ALLEGED VIOLATOR(S)?

1.			
	<small>Name</small>	<small>Job Title</small>	<small>Department</small>
			<small>Phone + Area Code</small>

2.			
	<small>Name</small>	<small>Department</small>	<small>Phone + Area Code</small>

3.			
	<small>Name</small>	<small>Department</small>	<small>Phone + Area Code</small>

20e. WHAT WOULD YOU ACCEPT AS A REASONABLE RESOLUTION TO YOUR COMPLAINT?

SIGNATURE

DATE