

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 (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 against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the *Workforce Innovation and Opportunity Act* (WIOA), on the basis of the individual's citizenship status or 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

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:

- Reva G. Bear, Monterey County Workforce Development Board Equal Opportunity Officer (1441 Schilling Place, Salinas, CA 93901, (831) 759-3505, TTY & TDD: (831) 753-654, [BearRG@co.monterey.ca.us](mailto: BearRG@co.monterey.ca.us) for immediate referral to the Monterey County Civil Rights Officer

OR

- Director, Civil Rights Center (CRC),
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123,
Washington, DC 20210
www.dol.gov/crc.

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 CRC (see the 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 may file a complaint with CRC before receiving that notice. 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*.

IGUALDAD DE OPORTUNIDADES ES LA LEY

Es contra la ley para este programa, el cual es financiado por el gobierno federal, discriminar a un individuo que reside en los Estados Unidos con base a: su raza, color de piel, religión, sexo (que incluye embarazo, parto, o condición médica, estereotipos sexuales, estado transgénero, e identidad de género), origen nacional (que incluye personas con dominio limitado del idioma inglés), edad, discapacidad, afiliación política o creencia, o cualquier individuo que haya recibido pagos de beneficios, solicitado, o participado en programas que reciben financiamiento bajo el *Title 1* de la ley titulada en inglés *Workforce Innovation and Opportunity Act* (WIOA, por sus siglas en inglés), con base a su estado de ciudadanía o su participación en cualquiera de los programas o actividades financiados por la misma ley.

El destinatario no debe discriminar en ninguna de las siguientes áreas: decidir quién será admitido, o tendrá acceso, a cualquier programa o actividad con asistencia financiera del título I de WIOA; proporcionar oportunidades o tratar a cualquier persona con respecto a dicho programa o actividad; o tomar decisiones de empleo en la administración de, o en conexión con, tal programa o actividad.

Los programas que reciben financiamiento por parte del gobierno federal deben tomar los pasos razonables para asegurar que su comunicación con cualquier persona con una discapacidad sea efectiva, igual que como lo haría con cualquier otra persona. Esto significa que cuando una persona con una discapacidad solicite ayuda, los programas que reciben financiamiento por parte del gobierno federal son requeridos de proporcionar la ayuda apropiada y proveer servicios a las personas con discapacidades que sean elegibles para obtener sus servicios sin costo adicional.

QUÉ HACER SI USTED CREE QUE HA EXPERIMENTADO DISCRIMINACIÓN

Si usted cree que ha sido discriminado por el programa que recibe financiamiento por parte del gobierno federal bajo el *Title 1* de la ley titulada en inglés *Workforce Innovation and Opportunity Act* (WIO), usted puede presentar una queja dentro de 180 días a partir de la fecha en que ocurrió el incidente con cualquiera:

- Reva G. Bear, Junta de desarrollo de la fuerza laboral del Condado de Monterey oficial de igualdad de oportunidades (1441 Schilling Place, Salinas, CA 93901, (831) 759-3505, TTY: (831) 753-6541, [BearRG@co.monterey.ca.us](mailto: BearRG@co.monterey.ca.us) para la remisión inmediata al oficial de derechos civiles del Condado de Monterey

O

- Director del centro de derechos civiles (CRC), Departamento de trabajo de los Estados Unidos 200 Constitución Avenida NW, habitación N-4123, Washington, DC 20210 www.dol.gov/crc.

Si usted primero presenta su queja con la persona designada del programa, usted debe esperar recibir una respuesta por escrito titulada en inglés *Notice of Final Action* por parte de la persona designada del programa o dejar pasar 90 días, lo que ocurra primero, antes de presentar su queja con el Centro de Derechos Civiles (CRC) (véase la dirección anterior).

Si la persona designada del programa no le envía la notificación titulada en inglés *Notice of Final Action* dentro de 90 días después de la fecha en que usted presentó su queja, usted no tiene que esperar más tiempo para presentar su queja con el Centro de Derechos Civiles (CRC), pero asegúrese de presentar su queja con el Centro de Derechos Civiles (CRC) dentro de 30 días después de la fecha límite del período de 90 días (en otras palabras, usted debe presentar su queja dentro de 120 días después de haber presentado su queja con la persona designada del programa).

Si la persona designada del programa sí le envía la notificación titulada en inglés *Notice of Final Action*, pero no está satisfecho con la determinación hecha o la resolución propuesta para su caso, usted entonces puede presentar su queja con el Centro de Derechos Civiles (CRC). Usted tiene que presentar

su queja con el Centro de Derechos Civiles (CRC) dentro de 30 días después de la fecha en que usted haya recibido la notificación titulada en inglés *Notice of Final Action*.

4. Tell Us About the Incident(s)

- Explain briefly what happened and how you were discriminated against.
- Provide the date(s) when the incident(s) occurred.
- Indicate who discriminated against you. Include names and titles if possible.
- If other people were treated differently than you, tell us how they were treated differently.
- Attach any documents that you think might help us better understand your complaint.

5. Please List Below Any Person(s) (Witnesses) That We May Contact for Additional Information to Support or Clarify the Complaint.

Name	Address	Phone

6. Basis for the Discrimination

Check the type of discrimination you experienced, such as age, race, color, national origin, disability, etc. If you believe more than one basis was involved, you may check more than one box.

- | | |
|--|---|
| <input type="checkbox"/> Age - provide date of birth: | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin (Including limited English proficiency) | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Gender - Specify <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> Sex (including including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status) |
| <input type="checkbox"/> Race - indicate race: | <input type="checkbox"/> Status as a program participant under the <i>Workforce Innovation Opportunity Act</i> |
| <input type="checkbox"/> Political Affiliation or Belief | <input type="checkbox"/> Other (Specify): |

7. Have You Previously Filed a Complaint Against this Person(s)/Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, answer the questions below, if NO move to section 8.	
a. Was your complaint in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. On what date did you file the complaint?	
c. Name of office where you filed your complaint:	
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone number: () -	
Contact person (if known): _____	
d. Have you been provided a final decision or report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked "YES", please attach a copy of the complaint.	

8. What Corrective Action or Remedy Do You Seek? Please Explain.

9. Choosing a Personal Representative	
<ul style="list-style-type: none"> ▪ You may choose to have someone else represent you in dealing with this complaint. It may be a relative, friend, union representative, an attorney, or someone else. ▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative. 	
Do you want to authorize a personal representative to handle this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, complete the section below. If NO, go to Section 10.	
AUTHORIZATION OF PERSONAL REPRESENTATIVE	
I wish to authorize the individual identified below to act on my behalf as my personal representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.	
Name: _____	
<input type="checkbox"/> I am an attorney representing the complainant. <input type="checkbox"/> I am not an attorney representing the complainant.	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone : () -	Fax: () -
Email: _____	

10. Alternate Dispute Resolution (ADR) Also Known as Mediation

Notice—You must indicate if you wish to mediate your case. The Local Area Workforce Development Area cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
 - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
 - Mediation is conducted by a trained, qualified and impartial mediator.
 - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
 - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
 - **Agreements are legally binding on both parties.**
 - If an agreement is not reached, a formal investigation will start.
 - Failure to keep an agreement will result in a formal investigation.
 - A formal investigation will be opened if retaliation is reported.
- **Do you wish to mediate your complaint?**
(Please check only one box)

YES, I want to mediate. **NO**, please investigate.

If you select “YES” you will be contacted within five business days with more information.

11. Complainant Signature

Your signature on this form will initiate the processing of this complaint. By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge of belief.

Signature:

Date:

IGUALDAD DE OPORTUNIDADES ES LA LEY

Es contra la ley que este beneficiario de la asistencia financiera federal discriminar en las siguientes bases:

- contra cualquier individuo en los Estados Unidos, sobre la base de la raza; color; religión; sexo (incluyendo embarazo, parto y afecciones médicas relacionadas, estereotipos sexuales, estatus transgénero e identidad de género); origen nacional (incluido el dominio del inglés limitado); edad; discapacidad; afiliación o creencia política; o en
- contra de cualquier beneficiario de, solicitante o participante en programas con asistencia financiera bajo el título I de la ley de innovación y oportunidad laboral (WIOA), sobre la base del estatus de ciudadanía individual o participación en cualquier título WIOA I-programa o actividad financieramente asistido.

El destinatario no debe discriminar en ninguna de las siguientes áreas:

- decidir quién será admitido, o tendrá acceso, a cualquier programa o actividad con asistencia financiera del título I de WIOA;
- proporcionar oportunidades o tratar a cualquier persona con respecto a dicho programa o actividad; o
- tomar decisiones de empleo en la administración de, o en conexión con, tal programa o actividad.

Los receptores de asistencia financiera federal deben tomar medidas razonables para asegurar que las comunicaciones con personas con discapacidades sean tan efectivas como las comunicaciones con otros. Esto significa que, bajo petición y sin costo alguno para el individuo, los destinatarios deben proporcionar ayudas y servicios auxiliares apropiados a personas calificadas con discapacidades.

QUÉ HACER SI USTED CREE QUE HA EXPERIMENTADO DISCRIMINACIÓN

Si usted cree que ha sido discriminado por el programa que recibe financiamiento por parte del gobierno federal bajo el *Title 1* de la ley titulada en inglés *Workforce Innovation and Opportunity Act (WIO)*, usted puede presentar una queja dentro de 180 días a partir de la fecha en que ocurrió el incidente con cualquiera:

- Reva G. Bear, Junta de desarrollo de la fuerza laboral del Condado de Monterey oficial de igualdad de oportunidades (1441 Schilling Place, Salinas, CA 93901, (831) 759-3505, TTY: (831) 753-654, RevaRG@co.monterey.ca.us para la remisión inmediata al oficial de derechos civiles del Condado de Monterey
- Director del centro de derechos civiles (CRC), Departamento de trabajo de los Estados Unidos, 200 Constitución Avenida NW, habitación N-4123, Washington, DC 20210, www.dol.gov/crc.

Si presenta su queja con el destinatario, debe esperar hasta que el destinatario emita una notificación por escrito de la acción final, o hasta que hayan pasado 90 días (lo que sea más pronto), antes de archivar con el CRC (véase la dirección anterior).

Si el destinatario no le da una notificación por escrito de la acción final dentro de los 90 días del día en que usted presentó su queja, usted puede presentar una queja ante el CRC antes de recibir ese aviso. Sin embargo, usted debe presentar su queja de CRC dentro de los 30 días de la fecha límite de 90 días (en otras palabras, dentro de los 120 días después del día en que usted presentó su queja con el destinatario).

Si el destinatario le da una notificación por escrito de la acción final sobre su queja, pero usted no está satisfecho con la decisión o resolución, usted puede presentar una queja ante el CRC. Usted debe presentar su queja de CRC dentro de los 30 días de la fecha en que recibió la notificación de la acción final.

Doy fe de que he recibido una copia de la igualdad de oportunidades es el aviso de la ley y entender mis derechos.

Firma: _____ Fecha Firmada: _____

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- Against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Investment and Opportunity Act (WIOA) on the basis of the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity.

The Monterey County Workforce Development Board (MCWDB) and its service providers 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under any WIOA Title I financially assisted program or activities, you may file a complaint within 180 days from the date of the alleged violation with either:

Reva G. Bear, MCWDB EO Officer (1441 Schilling Place, Salinas, CA 93901, (831) 759-3505 or TTY: (831) 753-6541, or [BearRG@co.monterey.ca.us](mailto: BearRG@co.monterey.ca.us)) for *immediate referral* to the Monterey County Civil Rights Officer
OR

Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or www.dol.gov/crc

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 with the 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.

I attest that I have received a copy of the Equal Opportunity is the Law Notice and understand my rights.

Signature: _____ Date Signed: _____