



## **CATAWBA INSTRUCTION NUMBER 17-07**

**TO:** Local Workforce Development Area

**SUBJECT:** Discrimination Complaint Procedures Under WIOA

**ISSUANCE DATE:** May 26, 2017

**EFFECTIVE DATE:** Immediately

**Purpose:** To establish procedures for handling complaints of discrimination on a prohibited basis or bases under Section 188 of the Workforce Innovation and Opportunity Act (WIOA). Nothing contained in the procedures shall be deemed to prejudice the separate exercise of other legal rights in pursuit of remedies and sanctions available outside of WIOA.

**Policy:** Section 188 of WIOA prohibits discrimination 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, applicant, or participant in programs financially assisted under Title I of WIOA) on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

29 CFR 38.69, requires that any person or any specific class of individuals may file a written complaint who believe(s) that they have been or are being discriminated against on one or more prohibited bases or believe they have been or are being retaliated against (as described in 29 CFR 38.19). The State Office of Equal Opportunity develops and publishes the complaint processing procedures required in 29 CFR 38.72.

**Action:** Each Local Workforce Development Board (LWDB) must ensure that the Discrimination Complaint Procedures are communicated to all program staff, operators, and service provider staff in its area. The LWDB must take appropriate steps to ensure program staff, operators and service provider staff, within its purview, comply with the enclosed Discrimination Complaint Procedures. The Equal Opportunity Complaint Information Form must be made available to any and all interested individuals, as effectively to individuals with disabilities as it is to others, and in appropriate languages to ensure meaningful access to LEP individuals.

*Serving Chester, Lancaster, Union, & York Counties*



Discrimination Complaint Procedures Under WIOA

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The Equal Opportunity Complaint Information Form is available for local areas to access, link, and/or print as needed:

[https://scworks.org/media/EEO/Equal Opportunity Complaint Information Form.pdf](https://scworks.org/media/EEO/Equal_Opportunity_Complaint_Information_Form.pdf).

**Inquiries:** Questions may be directed to Nicole Lawing at 803.327.9041 or [nlawing@catawbacog.org](mailto:nlawing@catawbacog.org).

  
Nicole Lawing  
WIOA Administrator

Attachment



**South Carolina Department of Employment and Workforce**  
**Office of Equal Opportunity**  
**PROCEDURE FOR FILING DISCRIMINATION-RELATED COMPLAINTS**

It is against the law for recipients of WIOA Title I funds [29 CFR 38.4 (zz)] 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.

This procedure was developed for managing any written complaint of discrimination received from any person or any specific class of individuals who believe(s) that they have been or are being discriminated against on one or more prohibited basis or believe they have been or are being retaliated against (as described in 29 CFR 38.72).

**WHO MAY FILE A COMPLAINT**

Any person or any specific class of individuals who believe(s) that they have been or are being discriminated against on one or more prohibited bases or believe they have been or are being retaliated against (as described in 29 CFR 38.72) has the right to file a complaint within 180 days of the alleged discrimination. Individuals may file a complaint as a representative of the complainant(s) by providing a letter or other document signed by the complainant(s), authorizing representation.

Discrimination-based complaints related to WIOA service delivery must follow the same procedure.

Complaints not involving discrimination, but involving program or customer service issues, will be directed to the appropriate EO Coordinator for resolution.

## **FILING A DISCRIMINATION COMPLAINT**

1. An individual expressing the desire to file a complaint of discrimination with the Local Workforce Development Area, shall be referred to the State Equal Opportunity (EO) Officer or directed to complete, sign, and submit an Equal Opportunity Complaint Information Form: [https://scworks.org/media/EEO/Equal\\_Opportunity\\_Complaint\\_Information\\_Form.pdf](https://scworks.org/media/EEO/Equal_Opportunity_Complaint_Information_Form.pdf).
2. The complaint information form provides space for the following information:
  - a. the complainant's name, address, and contact information to include phone number and e-mail address;
  - b. identification of the individual as the complainant or the complainant's representative, and the representative's contact information;
  - c. the identity of the entity/individual alleged to be responsible for discrimination;
  - d. the basis/bases for the alleged discrimination;
  - e. a description of the alleged violation, (including the date of any event and sufficient details to allow the recipient or the United States Department of Labor's (USDOL) Civil Rights Center (CRC) to determine jurisdiction and whether the allegations, if true, violate the EO provisions of WIOA;
  - f. the names and contact information of any witness to be contacted for further information about the complaint;
  - g. whether the complainant has filed a written complaint with anyone else, such as the Equal Opportunity Commission (EEOC), or USDOL CRC about the same events or actions; when such a written complaint was filed; whether a final decision has been received, etc.;
  - h. what remedies are being sought; and
  - i. the date and the complainant's signature or signature of complainant's authorized representative.
3. The complainant reserves the right to directly file the discrimination-based complaint with the USDOL CRC, if they so choose, at: <https://www.dol.gov/oasam/programs/crc/external-enforcement-complaints.htm>. The USDOL CRC provides a complaint form for filing a discrimination-based complaint. The form is available at: <https://www.dol.gov/oasam/programs/crc/DL1-2014a-English.pdf>.

4. Complaints of discrimination must be filed with either the State EO Officer or the USDOL CRC, within 180 days of the most recent event or conditions giving rise to complaint.

If filing with the State EO Officer, use:

[https://scworks.org/media/EEO/Equal Opportunity Complaint Information Form.pdf](https://scworks.org/media/EEO/Equal_Opportunity_Complaint_Information_Form.pdf)

If filing with USDOL CRC, use:

<https://www.dol.gov/oasam/programs/crc/DL1-2014a-English.pdf>.

#### **PROCESSING A DISCRIMINATION COMPLAINT**

1. The State EO Officer is responsible for determining the appropriate jurisdiction over the complaint.
  - a. Upon confirming jurisdiction, the complaint must be recorded in the EO Officer's complaint log [38 CFR 41(c)].
  - b. Where the EO Officer determines there is no jurisdiction over the complaint or the complaint has been filed after 180 days from the alleged act of discrimination, the EO Officer must notify the complainant(s) in writing within five business days.

This Notice of Lack of Jurisdiction must include:

- (1) a statement of the reasons for that determination; and
  - (2) notice that the complainant has a right to file a complaint with the USDOL CRC within 30 days of the date on which the complainant receives the Notice at Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Ave., NW Suite N-4123, Washington, DC 20210.
2. Where the EO Officer determines there is jurisdiction over the complaint, the EO Officer shall provide an initial, written notice to the complainant that contains the following information:
    - a. an acknowledgment that the recipient has received the complaint;
    - b. notice that the complainant has the right to be represented in the complaint process;
    - c. notice of rights (contained in 29 CFR 38.35);
    - d. notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into the non-English languages (as required in 29 CFR 38.4(h) and (i), 38.34, and 38.36);

- e. a written statement of the issue(s) to the complainant that will include:
  - (1) a list of the issues raised in the complaint; and
  - (2) for each such issue, a statement whether the recipient will accept the issue for investigation or reject the issue, and the reasons for each rejection.
- 3. Options for resolving the complaint must include alternative dispute resolution (ADR), at the complainant's choice.
  - a. The complainant may attempt ADR at any time after the complainant has filed a written complaint with the State EO Officer but before a Notice of Final Action has been issued.
  - b. The choice whether to use ADR or the customary process rests with the complainant.
  - c. A party to any agreement reached under ADR may notify the Director of the USDOL CRC in the event the agreement is breached.
    - (1) The non-breaching party may notify with the Director within 30 days of the date on which the non-breaching party learns of the alleged breach.
    - (2) If, following an evaluation of the circumstances, the Director determines that the agreement has been breached, the complaint will be reinstated and processed in accordance with South Carolina's Office of Equal Opportunity's procedures.
  - d. If the parties do not reach an agreement under ADR, the complainant may file a complaint with the Director (as described in 29 CFR 38.69 through 38.71).
- 4. The State EO Officer has 90 days to resolve the complaint and issue a written Notice of Final Action.
  - a. The written Notice of Final Action must be provided to the complainant within 90 days of the date on which the complaint was filed and contain the following information:
    - (1) For each issue raised in the complaint, a statement of either:
      - (A) The State EO Officer's decision on the issue and an explanation of the reasons underlying the decision; or
      - (B) A description of the way the parties resolved the issue; and
    - (2) Notice that, the complainant has a right to file a new complaint with the USDOL CRC within 30 days of the date on which the complainant receives the Notice of Final



Action, if the complainant is dissatisfied with the resolution of their complaint at the state level.

5. If the State EO Officer fails to issue the Notice within 90 days of the date on which the complaint was filed, the complainant may file a new complaint with the USDOL CRC within 30 days of the expiration of the 90-day period (in other words, within 120 days of the day on which the original complaint was filed.)
6. The State EO Officer will offer full cooperation with any state or federal investigation in accordance with the aforementioned proceedings or with any criminal investigation.

### **CORRECTIVE ACTION**

If a determination of discrimination is found through the process of a complaint investigation, the respondent shall be requested to comply voluntarily with corrective action(s) or a conciliation agreement to correct the discriminatory actions or conditions. Actions to correct discrimination deficiencies may include any of the following:

- Rewriting policies;
- Reinstatement to program or employment;
- Benefits or other services denied; or
- Any other remedial or affirmative relief, such as outreach, recruitment, and training to ensure equal opportunity.

It is the responsibility of the South Carolina Department of Employment and Workforce, as the state administrative agency for WIOA, to provide technical assistance and evaluate progress made toward completion of corrective actions. If respondent compliance with the corrective actions or conciliation agreement is not secured through voluntary means, the State will proceed with State-issued sanctions procedures.

## **RECORDKEEPING**

The South Carolina Department of Employment and Workforce shall maintain an automated or manual log of discrimination complaints to include: name and address of the complainant; the basis of the complaint, (i.e., race, gender, age, etc.); a description of the complainant; the date the complaint was filed; the disposition and date of disposition of the complaint; and other relevant information. Records pertaining to discrimination complaints, investigations, or any other such actions shall be retained for a minimum of three years from the date of the resolution.

Information pertaining to the identity of any persons providing information related to or assisting in an investigation or a compliance review shall be maintained in a confidential manner to the extent possible. If it is necessary that a person's identity be disclosed, the person shall be protected from retaliation.

## **INTIMIDATION AND RETALIATION ARE PROHIBITED**

WIOA prohibits intimidation and retaliation against individuals for filing a complaint; opposing a prohibited practice; furnishing information; assisting or participating in any manner in an investigation, review, hearing, or any other activity related to the administration of, exercise or authority under, or privilege secured by, its nondiscrimination and equal opportunity provisions (29 CFR 38.19). The sanctions contained in Section 188(b) of WIOA and in 29 CFR 38 may be imposed against any recipient program or activity that engages in any such retaliation or intimidation or fails to take appropriate steps to prevent such activity.

## REMINDER OF SIGNIFICANT TIME FRAMES

- **When the complainant files the Equal Opportunity Complaint Information Form at the State level, the State Equal Opportunity (EO) Officer will issue a written Notice of Final Action on complaints within 90 days of the date on which the complaint is filed.**
- **If the complainant files with both the USDOL Civil Rights Center (CRC) and the State EO Officer (State Level), the complainant will be informed that the State EO Officer has 90 days to process the complaint and that the CRC will not investigate the complaint until the 90 day period has expired.**
- **If by the end of 90 days from the date on which the complaint was filed the State EO Officer fails to issue a Notice of Final Action, the complainant may file a complaint with the Director of the CRC within 30 days of the expiration of the 90 day period.**
- **Immediately upon determining that it does not have jurisdiction, the State EO Officer shall notify the complainant in writing that the State does not have jurisdiction over the complainant, including reasons for the determination and the complainant's right to file with the appropriate party or the Director of the CRC within 30 days of the notice.**
- **The complainant will be notified that if the complaint is not filed within 180 days of the alleged act of discrimination or a complaint has not been filed within 30 days of the receipt of the grant recipient's determination of expiration of the 90 day period, the Director of the CRC may extend the time limits for good cause shown.**

## RELEVANT CONTACT INFORMATION

Office of Equal Opportunity / State EO Officer  
South Carolina Department of Employment and Workforce  
PO Box 908  
Columbia, SC 29202

Form: [https://scworks.org/media/EEO/Equal Opportunity Complaint Information Form.pdf](https://scworks.org/media/EEO/Equal_Opportunity_Complaint_Information_Form.pdf)

Director, Civil Rights Center  
U.S. Department of Labor  
200 Constitution Ave., NW Suite N-4123  
Washington, DC 20210

Form: <https://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>

**S.C. Department of Employment and Workforce**  
**Office of Equal Opportunity Complaint Information Form**

Please read the form carefully. Type or print your answers. Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages.

If a question or field has a star next to it, you must answer that question. You do not have to answer the other questions, but if you do, it will help us to process your complaint. If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a."

**\*1. Are you the complainant or a representative on the complainant?** Please check the correct box.

- Complainant  
 Representative

**\*2. Please give your name and the other information we ask you for on the lines below.** *If you are a representative, please give the complainant's name and contact information in this section, and your own name and contact information in section 2A.*

\*Complainant's Name

\*Street Address

\*City

\*State

Zip Code

Telephone number(s) where we can reach you

Email Address

Best time to contact you

Name and contact information for someone we can contact if we cannot get in touch with you

**2A. If you are the complainants representative, please give your name and contact information in this section, and attach a letter or other document signed by the complainant, authorizing you to serve as his or her representative.**

Representative's Name

Representative's Organization (if any)

Street Address

City

State

Zip Code

Telephone number(s) where we can reach you

Email Address

Best time to contact you

*For the rest of the questions on this form, if you are filing this complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filling out the form.*

**\*3. This complaint is about something that happened to (Please check the appropriate box):**

- Only me
- Me and other people
- Other people, but not me

**\*4. Please give the name of the agency, organization, or business that you are complaining about.** If you have any contact information for the agency, organization, or business, and/or if you know the name of the person(s) who you think discriminated against you, please give that information as well. If you need more space to give all of the information, please attach more pages to the form.

\*Name of Agency, Organization, or Business

Telephone Number(s)

Street or Mailing Address

Email Address

Name of Person You Think Discriminated

Job Title

Email Address

**\*5. What program was involved in the alleged discrimination you are complaining about? If you do not know the name of the program, or your complaint does not involve an SC Works Center or a state or local government agency, please check "Do not know."**

- Workforce Investment Act and/or Workforce Innovation and Opportunity Act Program
- Job Corps Program
- Older Workers Program (Senior Community Service Employment Program)
- Unemployment Insurance
- Indian/Native American Program
- Employment Service or Job Service
- Migrant and Seasonal Farm Workers Program
- Trade Assistance Act Program
- Vocational Rehabilitation
- Other (what program?)
- SC Works Center
- State or Local Government
- Do not know

**\*6. What do you think was the basis (reason) for the alleged discrimination? Please check the boxes next to all of the bases (reasons) you think were involved in the discrimination, and answer any other questions that go along with that box.**

Because of National Origin (Please answer questions below.)

Are you Hispanic or Latino? -

- Yes
- No

What is your national origin (the country from which you, your parents, your grandparents, or your earlier ancestors came)?

Because of my Limited English Proficiency (what is the language in which you feel most comfortable communicating? For example, Spanish, Croatian, Cambodian)

Because of my Race (Please answer questions below.)

What is your race? Please check all that apply

White or Caucasian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

Because of my Sex

What is your sex?

Because of my Pregnancy

Because of my Sexual Orientation

What is your sexual orientation?

Because of my Gender Identity

What is your gender identity?

Because of my Color

What is your color?

Because of my Religion

What is your religion?

Because of my Age

What is your date of birth?

Because of my Political Affiliation or Political Belief

What is your political affiliation or political belief?

Because of my Disability (Please check one of the following three boxes)

I have a disability (which may be active or inactive right now).

What is your disability?

I have a record of a disability

What was your past disability?

I do not have a disability, but the organization or program treats me as if I am disabled.

Because of my Citizenship

What is your citizenship?

Because of my participation in a program that receives Federal financial assistance



Name the program:

I was Retaliated Against (Retaliation) because I complained about discrimination, or because I gave a statement or was involved in some other way with someone else's discrimination complaint.

**\*7. For each of the bases (reasons for discrimination) you checked above, please explain what happened, how you were (or someone else was) harmed by what happened, and how or why you think what happened was because of the basis you checked.** For example, if you checked "Because of my Race," list the facts you think explain *how* or *why* you think what happened was because of the race of the persons who were harmed. *If you do not explain why you checked a particular basis, we may reject that part of your complaint.*

If other persons or groups were treated differently from you (or the other people you think were discriminated against), please describe who was treated differently, how their treatment was different, and how the different treatment harmed you (or the other people you think were discriminated against). Please be specific and brief. Give the name(s) of and contact information for any of the people involved, if you can.

If your answer does not fit in the space below, please use more pages of paper to finish your answer, and attach those pages to this form.

**\*8. On what date(s) did the alleged discrimination take place?**

**8A. Date of the first action:**

**8B. Date of most recent action:**

**8C. If the date of the most recent action was more than 180 days ago, please explain why you did not file a complaint before now. (180 character limit, please attach additional information if needed)**

**9. Please list below any other people (witnesses, coworkers, supervisors, or others) whom you have not already named and whom we should contact for information about your complaint.** Attach additional pages if you need more space for this information.

Person's Name Relationship to case (witness, coworker, etc.)

Best time to contact this person

Telephone number(s) and/or email address(es) where we can contact this person.

**10. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), or the U.S. Department of Labor, about the same events or actions you describe on this Complaint Information form?** If yes, please answer these questions, as best you can, about *each* agency, department, organization, or business where you filed a written complaint (using additional pages if necessary):

**10A. Where and when did you file your first written complaint? Date Filed:**

Name of Specific Office or Agency, Department, Organization, or Business

Phone Number Email address

Mailing or Street Address City State Zip Code

Name and Contact Information for person working on your complaint, if known.

**10B. Has the place where you filed your first written complaint given you a final decision about the complaint?**

Yes

No

**10C. If yes, what was the date of the final decision?**

Was the decision in writing?

Yes

No

Include copies of written decisions, dismissals or Right-to-Sue Letters, or other written responses that you have received concerning your complaint.

**11. What remedies are you asking for?** For example, getting benefits or training you did not receive, changes in policies, etc.

*PLEASE NOTE: The laws over which this office has jurisdiction donot allow for punitive damages. Money may only be awarded to compensate victims of discrimination for actual losses.*

**\*12. Please sign and date this form in the space below that applies to you.**

Signature of Complainant

Date

Signature of Complainant's Representative

Date

Please mail, email, or fax a complaint to:

Mail: Stephani Frese

Equal Opportunity Officer

S.C. Department of Employment and Workforce

P.O. Box 908

Columbia, SC 29202

Fax: (803) 737-0124

Email: [sfrese@dew.sc.gov](mailto:sfrese@dew.sc.gov)

