Fulton WORK SOURCE GEORGIA
Connecting Talent with Opportunity
A proud partner of the AmericanJobCenter network

FULTON COUNTY

SELECT FULTON ECONOMIC DEVELOPMENT DEPARTMENT
WORKFORCE DEVELOPMENT DIVISION
WorkSource Fulton

ACKNOWLEDGMENT OF THE WORKSOURCE FULTON GENERAL COMPLAINT PROCEDURE FOR NON-DISCRIMINATION COMPLAINTS

I have read and received a copy of the WorkSource Fulton General Complaint Procedure for non-discrimination complaints.

I understand my rights, and responsibilities in filing a complaint if I believe I have been subjected to discrimination under a WIOA Title I financially assisted program or activity offered by the Fulton County Workforce Development Division.

WorkSource Fulton is designed to provide the citizens of Fulton County with access to a continuum of services. I have been advised of my appeal rights and the methods to contact leadership of the Fulton County Workforce Development Division to file my concerns and/or complaints. I may request a General Complaint form for non-discrimination complaints and an envelope in which to submit the form from any staff.

SEND ALL GENERAL COMPLAINT FORMS F FOR NON-DISCRIMINATION COMPLAINTS DIRECTLY TO THE ATTENTION OF:

Select Fulton Economic Development
Workforce Development Division
Workforce Innovation and Opportunity Act (WIOA)
Division Manager
141 Pryor Street, SW, Room 2052
Atlanta, GA 30303
(404) 612-8120

WIOA POINT OF CONTACT
Adamsville Resource Center
3700 Martin Luther King Jr. Dr., Suite 240
Atlanta, Georgia 30331
(404) 613-6381

TO APPEAL A DECISION MADE BY WORKSOURCE FULTON CONTACT:

TECHNICAL COLLEGE SYSTEM OF GEORGIA (TCSG)
OFFICE OF WORKFORCE DEVELOPMENT (OWD)
Mailing Address:
TCSG, Office of Workforce Development
Attn: Compliance Team
1800 Century Place, NE, Suite 150
Atlanta, Georgia 30345-4304

OWD online form:
https://tcsg.edu/wp-content/uploads/2018/10/TCSG-Grievance-Form.pdf

UNITED STATES DEPARTMENT OF LABOR,
OFFICE OF INSPECTOR GENERAL
Mailing Address:
Attn: Hotline, Office of Inspector General U.S. Department of Labor
200 Constitution Ave., NW
Room S-5506
Washington, D.C. 20210
Tel: 202-693-6999 or 1-800-347-3756

Complaint Form:
https://www.oig.dol.gov/hotlinecontact.htm

_____ (Print Customer Name)

_____ (Customer Signature)

_____ (Date)

"Fulton County WorkSource Georgia is an equal opportunity employer/program."
Citizens in need of reasonable accommodations due to a disability including communications in an alternative format should contact our office within five days of an event at (404) 613-6381. For Georgia Relay Access, dial 711

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ACKNOWLEDGMENT OF THE EQUAL EMPLOYMENT OPPORTUNITY 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, 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.

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:

- Equal Opportunity Officer, Diversity and Civil Rights Compliance Officer II, Office of Diversity and Civil Rights Compliance, Fulton County Government, 141 Pryor Street, SW, 5th Floor, Atlanta, Georgia 30303, Office: 404-612-8356, Email: Melissa.Cuthrell@fultoncountyga.gov
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at 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 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.

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Ms. Mellissa Cuthrell, EEO/ADA Officer **Fulton County Office of Diversity and Civil Rights Compliance (DCRC)** **141 Pryor Street** **5th Floor, Suite 5030** **Atlanta, Georgia 30303** **Email: Melissa.Cuthrell@fultoncountyga.gov** **Main : 404-612-7417**	**TCSG OWD Compliance Director** **Technical College System of Georgia** **Office of Workforce Development** **1800 Century Place, NE, Suite 150** **Atlanta, Georgia 30345-4304** **E-mail: wioacompliance@tcsg.edu**
Director, Civil Rights Center, (CRC) **US Department of Labor** **200 Constitution Avenue, NW** **Room N4123** **Washington, DC 20210**	

* Persons with Hearing Impairments may contact the Georgia Relay Center at 1.800.255.0056.

My signature below serves as acknowledgment that I have read and understand the information provided in this document. I understand my rights and responsibilities in filing a complaint if I believe I have been subjected to discrimination under a WIOA Title I financially assisted program or activity offered by the Fulton County Workforce Development Division. I understand I may contact any of the individuals indicated above regarding my discrimination complaint(s).

_____	_____	_____
(Print Customer Name)	(Customer Signature)	(Date)

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WIOA RELEASE OF INFORMATION CONSENT / CERTIFICATION & ACKNOWLEDGMENT

Please read carefully, initial each release/acknowledgment, sign and date.

Name:	**SS# (last 4 digits):**

WIOA Release of Information Consent / Certification & Acknowledgment

(Please initial, sign and date where indicated)

RELEASE INFORMATION FOR ELIGIBILITY	**Initial Here**	

I authorize the release of my information to WorkSource Fulton as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker, and Youth Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS), and the Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

RELEASE INFORMATION FOR EDUCATION ISTITUTION	**Initial Here**	

I authorize the release of my current and past educational records from high schools, colleges, universities, and training schools to WorkSource Fulton. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Workforce Development Division, WorkSource Fulton must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT	**Initial Here**	

I authorize the release of my current and past employment information to WorkSource Fulton. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

CERTIFICATION & ACKNOWLEDMENT	**Initial Here**	

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some cases, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. WorkSource Fulton may use my photo in print adverting or on the local area website.

☐ **I AGREE** ☐ **I DO NOT AGREE**

Signature:	**Date:**
Parental Signature (if under 18)	**Date:**

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without written consent. I understand that this authorization will remain in effect for the period necessary to complete all transactions on accounts related to services provided to me. I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

(USE THIS SPACE ONLY IF THE CLIENT WITHDRAWS CONSENT)

(Date this consent is revoked by client) (Client Signature or Authorized Representative)

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O.C.G.A. § 50-36-1(E)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a(n) _Workforce Innovation and Opportunity Act (WIOA) Intensive Services__ [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the Fulton County Department of Community Development, Workforce Development Division, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A.
§ 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on _____, _____, 202_____ in _____ (city), _____ (state).

_____ _____
Signature of Applicant **Printed Name of Applicant**

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____DAY OF_____, 202_____.

_____
NOTARY PUBLIC

My Commission Expires:

_____