This page must be signed in the presence of a Notary Public.
If you are unable to have notarized personally, a Notary Public is available at the ARWB Career Resource Centers.
All WIA Applicants must submit a signed, notarized O.C.G.A. Affidavit

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for Workforce Investment Act Training Services as referenced in O.C.G.A. § 50-36-1, from Atlanta Regional Commission/Atlanta Regional Workforce Board Career Resource Center, 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, *such as Georgia Driver's License, US Birth Certificate, US Permanent Resident Card or Alien Registration Receipt Card*, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. A Complete list of acceptable documents is available at ARWDB Career Resource Centers.

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 in _____ (city), _____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

Equal Opportunity Complaint & General Grievance Policy and Procedure

For Applicants, Participants, Other Interested or Affected Parties

SECTION I: **Equal Opportunity Complaint Policy**
SECTION II: **General Grievance Policy**
SECTION III: **Complaints of Fraud, Abuse, or Other Alleged Criminal Activity**
SECTION IV: **Complaints against Public Schools**

I. EQUAL OPPORTUNITY COMPLAINT POLICY

WorkSource Atlanta Regional/ Atlanta Regional Workforce Development Board (ARWDB) adheres to the following United States law: "Equal Opportunity Is the Law". It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: 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 (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: (1) Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; (2) providing opportunities in, or treating any person with regard to, such a program or activity; or (3) 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:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
- 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.
- 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.

A **complaint** is an allegation of discrimination on the grounds a person, or any specific class of individuals, has been or is being discriminated against on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under WIOA will be processed as a **complaint**.

Note: A complaint cannot be processed as both a program complaint and as a discrimination complaint.

FILING COMPLAINTS OF DISCRIMINATION (under Equal Opportunity Complaint Policy)

Who May File: Any person requesting aid, benefits, services or training through the WorkSource Atlanta Regional workforce system; eligible applicants and/or registrants; participants; employees, applicants for employment; service providers, eligible training providers (as defined in the Workforce Innovation and Opportunity Act), and staff with the workforce system that believes he/she has been or is being subjected to discrimination prohibited under the Nondiscrimination and Equal Opportunity Provisions 29 CFR Part 38 and Section 188 of the Workforce Innovation and Opportunity Act (WIOA).

WorkSource Atlanta Regional/ARWDB is prohibited from discriminating against a person, or any specific class of individuals, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69 in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity. If you think that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within **180 days** from the date of the alleged violation with:

PHYLLIS B. JACKSON, EO OFFICER
WORKSOURCE ATLANTA REGIONAL
229 PEACHTREE STREET N.E / SUITE 100
ATLANTA, GEORGIA 30303
(470) 371-1118
TDD: 711, voice: 1-800-255-0056,
wioacomplaints@atlantaregional.org

Each complaint must be filed in writing, either electronically or in hard copy, and must contain the following information:

(A) The complainant's name, mailing address, and, if available, email address (or another means of contacting the complainant).

(B) The identification of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination).

(C) A clear description of the allegations in sufficient detail including the date(s) and timeline that the alleged violation occurred to allow the recipient, as applicable, to decide whether: (1) what agency has jurisdiction over the complaint; (2) the complaint was filed in time; and (3) the complaint has apparent merit; in other words, whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of WIOA or part 29 CFR Part 38.

(D) The written or electronic signature of the complainant or the written or electronic signature of the complainant's representative.

Complaint Processing Procedure

An initial written notice to the complainant will be provided within fifteen (15) days of receipt of the complaint. The notice will include the following information pursuant to part 29 CFR 38.72:

(1) Acknowledgement of complaint received including date received; notice that the complainant has the right to be represented in the complaint process; notice of rights contained in §38.35; and 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 §§38.4(h) and (i), 38.34, and 38.36.

(2) A written statement of issue(s) which includes a list of the issues raised in the complaint; for each issue, a statement of whether or not the issue is accepted for investigation or rejected and the reasons for each rejection after performing a period of fact-finding.

(3) Notice that the complainant may resolve the issue Alternative Dispute Resolution (ADR) any time after the complaint has been filed, but before a Notice of Final Action has been issued.

If the complaint does not fall within the Workforce Innovation and Opportunity Act jurisdiction for processing complaints alleging discrimination under Section 188 or Equal Opportunity and Nondiscrimination provisions at 29 CFR Part 38.74, the complainant will be notified in writing within five (5) business days of making such determination. The notification shall include the basis of the determination as well as a statement of the complainant's right to file with the Civil Rights Center (CRC) within thirty (30) days of the determination.

Complaint Processing Time Frame
A complaint will be processed, and Notice of Final Action issued within ninety (90) days of receipt of the complaint pursuant to 29 CFR 38.72. Complainant may elect to file his or her equal opportunity complaint with the Technical College System of Georgia (TCSG) Office of Workforce Development (OWD). TCSG OWD's address and information is as follows: Attention: TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, Georgia 30345-4304; (404) 679-1371; wioacompliance@tcsg.edu.

If WorkSource Atlanta Regional/ARWDB has not provided complainant with a written decision within ninety (90) days of the filing of the compliant, complainant need not wait for a decision to be issued. Complainant may file a complaint with TCSG or CRC within thirty (30) days of the expiration of the 90-day period. If complainant is dissatisfied with WorkSource Atlanta Regional/ARWDB's resolution of his or her equal opportunity complaint, complainant may file a complaint with TCSG. Such complaint must be filed within thirty (30) days of the date you received notice of WorkSource Atlanta Regional/ARWDB's proposed resolution.

OR

Complaints may be initially filed or appealed to the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc within thirty (30) days of complainant's receipt of either WorkSource Atlanta Regional/ARWDB Notice of Final Action or TCSG Notice of Final Action. In other words, within one hundred twenty (120) days Complainant may file his or her appeal.

Resolution Process
Alternative Dispute Resolution: Complainant must be given a choice as to the manner in which they have their complaint resolved. After an investigation is conducted by the Equal Opportunity Officer, ADR may be chosen by the complainant to resolve the issues, as long as a Notice of Final Action has not been issued. Mediation is recommended ADR and will be conducted by an impartial mediator. Complainant must notify the Equal Opportunity Officer within ten (10) days of receiving the Notice of Issue Statement letter of whether ADR is selected to resolve the dispute. WorkSource Atlanta Regional/ARWDB will provide an impartial mediator and will provide interested parties information regarding the arrangements (date, time, and location).

Time Frame: The period for attempting to resolve the complaint through mediation will be thirty (30) days from the date the complainant chooses mediation; but must be performed within ninety (90) days of the initial filing date.

Successful Mediation: Upon completion of successful mediation, the complainant and respondent will both sign a conciliation agreement attesting that the complaint has been resolved. A copy of the conciliation agreement will be provided to Technical College System of Georgia, Office of Workforce Development within ten (10) days of the date the conciliation agreement was signed.

Unsuccessful Mediation: In the event mediation was not successful, WorkSource Atlanta Regional/ARWDB shall proceed with issuing a Notice of Final Action within the ninety (90) day limit.

Complainant Responsibility: The complainant may amend the complaint at any point prior to the beginning of mediation or the issuance of the Notice of Final Action. The complainant may withdraw the complaint at any time by written notification.

Breach of Agreement: Any party to any agreement reached under ADR may file a complaint in the event the agreement is breached with **TCSG OWD Compliance Director, Technical College System of Georgia, Office of Workforce Development, 1800 Century Place N.E., Suite 150, Atlanta, Georgia 30345-4304; (404) 679-1371**; wioacompliance@tcsg.edu; **or** Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc The non-breaching party may file a complaint within thirty (30) days of the date that party learns of the alleged breach (29 CFR 38.72).

II. GENERAL GRIEVANCE POLICY

Any person applying for or receiving services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by WorkSource Atlanta Regional Development Board (ARWDB) will be treated fairly. WorkSource Atlanta Regional/ ARWDB will make every effort to resolve all general, non-discriminatory complaints informally between those involved before a grievance is filed. Grievances may be filed in accordance with the written procedures established by WorkSource Atlanta Regional/ARWDB. **If you believe a violation of Title I of Workforce Innovation and Opportunity Act or regulations of the program has occurred, you have the right to file a grievance.**

A **grievance** is a complaint about customer service, working conditions, wages, work assignment, etc., arising in connection with WIOA Title I funded programs operated by WIOA recipients including service providers, eligible training providers, one-stop partners and other contractors.

FILING A GENERAL GRIEVANCE (violations of the act or regulations not alleging discrimination)

Who May File: Any person, including WIOA program participants, applicants, staff, employers, board members or any other interested parties who believes they have received unfair treatment in a WIOA Title I funded program.

Any person may attempt to resolve all issues of unfair treatment by working with the appropriate manager and/or supervisor and staff member, service provider, or one-stop partner involved informally prior to a written grievance being filed.

All complaints as described in the previous definition may be filed within one hundred twenty (120) days after the act in question by first completing and submitting the General Grievance Form to:

PHYLLIS B. JACKSON, EO OFFICER
WORKSOURCE ATLANTA REGIONAL
229 PEACHTREE STREET N.E / SUITE 100
ATLANTA, GEORGIA 30303
(470) 371-1118
TDD: 711, voice: 1-800-255-0056,
wioacomplaints@atlantaregional.org

Grievance Processing Procedure

A complaint may be filed by completion and submission of the General Grievance Form located at www.atlantaregional.org. WorkSource Atlanta Regional/ARWDB will issue a written resolution within sixty (60) days of the date the complaint was filed. Pursuant to Section 181 of the Workforce Innovation and Opportunity Act, WorkSource Atlanta Regional/ARWDB shall provide the grievant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if requested in writing by the grievant. In the event a hearing is not requested, WorkSource Atlanta Regional/ARWDB shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the grievant is dissatisfied with WorkSource Atlanta Regional/ARWDB's decision, he or she may appeal the decision to the Technical College System of Georgia, Office of Workforce Development (OWD) within sixty (60) days of the date of the decision. If such an appeal is made, the OWD shall issue a final determination within sixty (60) days of the receipt of the appeal.

In the event WorkSource Atlanta Regional/ARWDB does not issue a written resolution within the sixty (60) days of the complaint's filing as required, the grievant has the automatic right to file his or her complaint with the Technical College System of Georgia, Office of Workforce Development.

Hearing Process

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, WorkSource Atlanta Regional/ARWDB shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing; (5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA ; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

The hearing shall be conducted in compliance with federal regulations. The hearing shall have, at a minimum, the following components: (1) an impartial hearing officer selected by WorkSource Atlanta Regional/ARWDB; (2) an opportunity for both the grievant and respondent to present an opening statement, witnesses, and evidence; (3) an opportunity for each party to cross-examine the other party's witnesses; and (4) a record of the hearing which WorkSource Atlanta Regional/ARWDB shall create and maintain.

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision which shall serve as WorkSource Atlanta Regional/ARWDB's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any

evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

Appeal Process
An appeal may be requested by contacting the Technical College System of Georgia, Office of Workforce Development, Attention: TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, Georgia 30345-4304; (404) 679-1371; wioacompliance@tcsg.edu within sixty (60) days of the date of the decision.

III. COMPLAINTS OF FRAUD, ABUSE, OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644 or inspector.general@oig.ga.gov.

IV. COMPLAINTS AGAINST PUBLIC SCHOOLS

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURE AND UNDERSTAND THE INFORMATION PROVIDED WITHIN THIS DOCUMENT.

Participant Signature	**Date**
Print Name	**Last 4 SS#**
Parent/Guardian Signature (if participant is under age 18)	

STOP!!

Next section should only be completed when filing a grievance.

Do not sign and date until you are ready to submit.

General Grievance Form
(For Non-Discrimination)

For Applicants, Participants, Other Interested or Affected Parties

INSTRUCTIONS: Please complete for a general complaint. Once you have completed the appropriate questions, please sign and date at the end of this form. If you require assistance in completing this form, please contact your local Career Resource Center and request to speak to a manager or career advisor.

Pursuant to Section 181 of the Workforce Innovation and Opportunity Act, WorkSource Atlanta Regional shall provide the grievant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if requested in writing. If a hearing is not requested, WorkSource Atlanta Regional shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the grievant is dissatisfied with the WorkSource Atlanta Regional's decision, he or she may appeal to the Technical College System of Georgia, Office of Workforce Development (OWD) Compliance Team. If such an appeal is made, the OWD shall issue a final determination within sixty (60) days of the receipt of the appeal.

WorkSource Atlanta Regional
ATTN: Phyllis B. Jackson, WIOA EO Officer
229 Peachtree Street, N.E. / Suite 100 / Atlanta, Georgia 30303
Office: (470) 371-1118
Submissions should be sent to: wioacomplaints@atlantaregional.org

1. Complainant Information:

First Name: _____ MI ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____-_____ Work Phone: (____) _____-_____ Cell: (____) _____-_____

Email Address: _____

Are you a WorkSource Atlanta Regional employee? ☐ Yes ☐ No

2. Respondent *(Agency, Employee, or Employer you are making the complaint against)*:

Name: _____ Telephone (____) _____-_____

Address _____ City _____ State _____ Zip _____

3. What is the most convenient time for us to contact you about this complaint? _____

4. Briefly describe, as clearly as possible, your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.
a. Please explain the basis of the complaint. _____

b. Who was involved? *Include witnesses, fellow employees, supervisors, or other. Provide names, addresses, and telephone numbers if known*. _____

c. Please list the location and date. _____

5. Were you offered employment services? (if applicable) ☐Yes ☐No ☐N/A

6. Were you offered to attend a Job Smart Workshop? ☐Yes ☐No

If Yes, did you attend? ☐Yes ☐No

7. Relief Requested?

_____

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.

_____ _____

Complainant Signature Date

_____ _____

Print Name Last 4 SSN