Affidavit

This page must be signed in the presence of a notary. If you are unable to have notarized personally, a Notary Public is available at WorkSource DeKalb. All Workforce Innovation and Opportunity Act (WIOA) 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 Innovation and Opportunity Act (WIOA) Services as referenced in O.C.G.A. § 50-36-1, from WorkSource DeKalb, 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 (01) 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 attached.

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: _____

Language Assistance/Babel Notice

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** for assistance in the translation and understanding of the information in this document.

Spanish: ¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** para pedir asistencia en traducir y entender la información en este documento.

Chinese: Traditional: 重要須知！本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。**請致電 WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese: LƯU Ý QUAN TRỌNG! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog: MAHALAGA! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French: IMPORTANT! Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole: ENPÒTAN! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese: IMPORTANTE! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic:
مهم! يحتوي هذا المستند على **معلومات مهمة** حول حقوقك ومسؤولياتك و/أو فوائدك. من المهم بالنسبة لك أن تفهم المعلومات الواردة في هذا المستند، وسنوفر لك المعلومات المترجمة دون أي تكلفة. **اتصل على رقم WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** للحصول على المساعدة في ترجمة المعلومات الواردة في هذا المستند وفهمها.

Russian: ВАЖНО! В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean:
중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org 로 전화**하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

WSD is an EEO/M/F/D/V employer/program. Auxiliary aids/service are available upon request to individuals with disabilities. Persons with hearing impairments may call 1-800-255-0135 or 711 (TTY) for assistance. WSD is 100% federally funded by the U. S. Department of Labor and is a proud partner of the American Job Center Network.

WorkSource DeKalb
Workforce Innovation and Opportunity Act
Equal Opportunity & General Complaint/Grievance Policy and Procedures

EQUAL OPPORTUNITY COMPLAINT POLICY

WorkSource DeKalb 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 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 (WorkSource DeKalb) 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.

COMPLAINTS OF DISCRIMINATION: *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:

- **LOCAL**: The recipient's Equal Opportunity Officer: Robert D. Davis III, MBA, Deputy Director/EO Officer, WorkSource DeKalb, 774 Jordan Lane, Building #4, Decatur, GA 30033, Phone: 404.687.3437, Email: rddavis1@dekalbcountyga.gov. Use the attached complaint form or download from www.worksourcedekalb.org, or

- **STATE:** State EO Officer: Britney Singer, TCSG OWD Compliance Director Address: 1800 Century Place N.E., Suite 150, Atlanta GA 30345-4304 Phone: 404-679-1371, Email: wioacompliance@tcsg.edu
-
- **FEDERAL**: 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. Furthermore, a complainant may file directly with the Director, Civil Rights Center at the address listed above. Or at the website: http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm.

- 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

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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.

Definition: 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.**

Who May File: Any person requesting aid, benefits, services or training through the WorkSource DeKalb; 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 DeKalb 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.

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:

- 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.
- 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.
- 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.
- Upon determination that the complaint has merit and is within the Workforce Innovation and Opportunity Act jurisdiction and period of fact finding or investigation of the circumstances underlying the complaint.

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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 TCSG OWD's address and information is as follows: Attention: TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, GA 30345-4304, 404-679-1371, WIOAcompliance@tcsg.edu; use form at: https://tcsg.edu/worksource/resources-for-practitioners/eo-and-grievance-procedure-information/

If WorkSource DeKalb has not provided complainant with a written decision within ninety (90) days of the filing of the complaint, complainant need not wait for a decision to be issued. Complainant may file a complaint with TCSG OWD or CRC within thirty (30) days of the expiration of the 90 day period. If complainant is dissatisfied with WorkSource DeKalb's resolution of his or her equal opportunity complaint, complainant may file a complaint with TCSG OWD. Such complaint must be filed within thirty (30) days of the date you received notice of WorkSource DeKalb'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 N4123, 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 DeKalb Notice of Final Action or TCSG OWD Notice of Final Action. In other words, within one hundred eighty (180) 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 prior to receiving the Notice of Final Action if ADR is selected to resolve the dispute. WorkSource DeKalb 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 Georgia Department of Economic Development, Workforce Division within ten (10) days of the date the conciliation agreement was signed.

Unsuccessful Mediation: In the event mediation was not successful, WorkSource DeKalb 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 State EO Officer: Britney Singer, TCSG OWD Compliance Director Address: 1800 Century Place N.E., Suite 150, Atlanta GA 30345-4304 Phone: 404-679-1371, Email: 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.

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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).

GENERAL, NON-DISCRIMINATORY COMPLAINTS
Definition: General Complaint – A Complaint involving a general, non-discriminatory WIOA violation. 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. A grievance is a more formalized complaint.

Any person applying for or receiving services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by WorkSource DeKalb will be treated fairly. WorkSource DeKalb 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 DeKalb. 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.

Filing a General Grievance/Complaint (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 eighty (180) days after the act in question by first completing and submitting the General Grievance Form to:

Robert Gordon
One-Stop Operator
WorkSource DeKalb, 774 Jordan Lane, Building 4, Decatur, GA 30033
Email: rgordon1@dekalbcountyga.gov, Phone: (404) 371-3721

Grievance Processing Procedure
A complaint may be filed by completion and submission of the Complaint Form located at www.worksourcedekalb.org. WorkSource DeKalb 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 DeKalb 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 DeKalb 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 DeKalb's decision, he or she may appeal the decision to the State EO Officer: Britney Singer, TCSG OWD Compliance Director Address: 1800 Century Place N.E., Suite 150, Atlanta GA 30345-4304 Phone: 404-679-1371, Email: wioacompliance@tcsg.edu within sixty (60) days of the date of the decision. If such an appeal is made, the TCSG-OWD shall issue a final determination within sixty (60) days of the receipt of the appeal.

In the event WorkSource DeKalb does 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 State EO Officer: Britney Singer, TCSG OWD Compliance Director Address: 1800 Century Place N.E., Suite 150, Atlanta GA 30345-4304 Phone: 404-679-1371 Email: wioacompliance@tcsg.edu

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 DeKalb shall: (1)

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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 DeKalb; (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 DeKalb 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 DeKalb'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 State EO Officer: Britney Singer, TCSG OWD Compliance Director Address: 1800 Century Place N.E., Suite 150, Atlanta GA 30345-4304 Phone: 404-679-1371, Email: wioacompliance@tcsg.edu

COMPLIANTS OF FRAUD, ABUSE or OTHER ALLEGED CRIMINAL ACITIVITY
In case 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 email at inspector.general@oig.ga.gov. There is no charge for this call. Complaint Form: http://oig.georgia.gov/file-Complaint. This document can be translated using www.microsofttranslator.com

Additionally, as part of DeKalb County Government's commitment to "Zero Tolerance" of unethical conduct in the workplace, DeKalb has implemented an EthicsPoint Hotline that is hosted/managed by a third-party provider. This service provides anonymous and confidential reporting of unethical conduct in DeKalb County. Access to the system is available 24/7 via telephone at 855-224-8216 or online at www.co.dekalb.ethicspoint.com. Each report will automatically generate a unique 10-digit Report Key to allow the tracking status of reports submitted. All reports are sent electronically to the County's Internal Auditor for review and investigation. For more information, see DeKalb County Ethics Policy.

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 202-1160.

I certify that I have received a copy of this policy and procedures and understand the information provided within this document.

Signature **Date**

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STOP!!

Next section should only be completed when filing a grievance.

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

WorkSource DeKalb Equal Opportunity and Complaint/Grievance Information Form

INSTRUCTIONS: Please fill out Questions 1-5 for a general complaint. If you feel you have been discriminated against, please complete Questions 6-11. This form should be completed and submitted within one hundred eighty (180) days of the date of the alleged discriminatory act (29 C.F.R. 38.69(c)). 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 WorkSource DeKalb's One-Stop Operator.

For general complaints and Pursuant to section 181 of the Workforce Innovation and Opportunity Act (WIOA), WorkSource DeKalb (WSD) shall provide the complainant with an opportunity for a hearing within sixty (60) days of the complainant's filing, if expressly requested in writing by the complainant. In the event a hearing is not requested, WSD shall issue a decision as to whether provisions of the WIOA were violated within sixty (60) days of the complaint's filling. In the event the complainant is dissatisfied with WSD's decision or WSD fails to issue a decision within sixty (60) days of the complaint's filing, he or she may appeal WSD's decision to the Georgia Department of Economic Development, Workforce Division. If such an appeal is made, the State shall issue a final determination within one hundred eighty (180) days of the receipt of the appeal. The complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this form will be translated into the non-English languages as required in §29 CFR §38.4(h) and (i), 29 CFR §38.34, and 29 CFR §38.36.

ATTN: **WorkSource DeKalb (WSD), 774 Jordan Lane, Building 4, Decatur GA 30033**

For Discrimination/EO Complaints:
Robert D. Davis III, MBA, Deputy Director/EO Officer
Deputy Director/Equal Opportunity Officer
Email: rddavis1@dekalbcountyga.gov
Phone: (404) 687-3400/3437 Fax: (404)687-4099

For General Grievances/Complaints:
Robert Gordon
One-Stop Operator
Email: rgordon1@dekalbcountyga.gov
Phone: (404) 371-3721

Note: All complaints/grievances are acknowledged electronically (phone/email) within 24 Hours of receipt.

1) Complainant Information:
First Name_____MI_____ Last Name_____
Phone #_____Address_____ City, State, and
Zip_____Email_____
Are you a WSD Employee? Yes No (circle one)

2) Respondent Information (Agency, Employee, or Employer you are making the complaint against):
Name_____Phone_____
Address_____City_____State_____Zip_____

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

4) Briefly describe, as clearly as possible, your compliant. Attach additional sheets if necessary. Also, attach any written materials pertaining to your compliant.
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._____
_____
_____
_____

WSD is an EEO/M/F/D/V employer/program. Auxiliary aids/service are available upon request to individuals with disabilities. Persons with hearing impairments may call 1-800-255-0135 or 711 (TTY) for assistance. WSD is 100% federally funded by the U. S. Department of Labor and is a proud partner of the American Job Center Network.

c. Please list the location and date._____

5) Were you offered services? (If applicable) Yes No NA (circle one)

This is all that is required for a general complaint, please sign and date at the end of this form.

FOR GRIEVANCES/DISCRIMINATION ONLY – COMPLETE 6 THROUGH 11

Pursuant to 29 C.F.R 38.72, a discriminatory complaint must be filed within one hundred and eighty (180) days of the alleged discriminatory act. Per 29 C.F.R. 38.72 WSD will provide a "Written Notice of Final Action" within 90 days of the date on which the complaint was filed. If the complainant is dissatisfied with WSD's decision, may file a complaint with the State EO Officer: Britney Singer, TCSG OWD Compliance Director Address: 1800 Century Place N.E., Suite 150, Atlanta GA 30345-4304 Phone: 404-679-1371, Email: wioacompliance@tcsg.edu. Upon receiving a notice of final action from TCSG OWD, should the complainant still not satisfied, may file a complaint with the Director of the United States Department of Labor's Civil Rights Center within thirty (30) days of receiving the Written Notice of Final Action. (38.79 and 38.80). To clarify, the complainant must file with the Director within one hundred eighty (180) days of the date on which the complaint was filed with the recipient (38.76).

6) Do you feel you have been discriminated against? Yes No (Circle one)

7) On what date (s) did the alleged discriminatory action occur? _____

8) Check all grounds of discrimination that apply and specify the characteristic

☐ Race	☐ Color
☐ Religion	☐ National Origin
☐ Sex [ ] Male [ ] Female	☐ Age
☐ Disability	☐ Sexual Harassment
☐ Citizenship	☐ Political Affiliation
☐ Reprisal/Retaliation	☐ Other

9) Explain briefly how you were treated differently. Attach any written material pertaining to your case.

_____

_____

10) Do you have an attorney or other representative for this complaint? Yes No (Circle one)
If yes, please provide name, address and phone:
Attorney Name_____ Address _____Phone_____

11) If you have filed a case or complaint with any other government agency or non-federal entity, please list below:
Agency_____Date Filed_____
Case or Docket Number_____ Date of Trial or Hearing_____
Location of agency or court_____ Name of Investigator_____
Status of Case_____Comments_____

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_____

Complainant Printed Name _____

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