

*ST. LAWRENCE COUNTY
WORKFORCE INVESTMENT BOARD*



*EQUAL OPPORTUNITY &
NON-DISCRIMINATION POLICY*



St. Lawrence County One-Stop Career Center

Human Services Center
80 State Highway 310 Suite 8, Canton, New York 13617-1498
Phone: (315) 386-3276 Fax: (315) 386-3414
www.slconestop.com
Equal Opportunity Program

EQUAL OPPORTUNITY is THE LAW

It is against the law for the Workforce Investment Act (WIA) program as a recipient of Federal financial assistance to discriminate on the following bases:

'Section 188 of WIA provides that no individual will be excluded from participation in, denied the benefits of, subjected to discrimination under or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief, or, for any beneficiary, because of the beneficiary's citizenship status as a lawfully admitted immigrant authorized to work in the United States or for participation in any WIA Title I - financially assisted program or activity.'

What to do if you believe you have experienced discrimination

Any person who believes that he or she or any specific class of individuals has been or is being subject to discrimination prohibited by the nondiscrimination and equal opportunity provisions of WIA or regulations may personally file a written complaint or file a written complaint through a representative.

Where to file: The complaint may be filed either with the Local Workforce Investment Act Equal Opportunity Officer, who is:

Michael Boprey, Director
St. Lawrence County Veteran's Services
80 State Highway 310 Suite 5
Canton, New York 13617
Telephone: (315) 386-4754

Or you may file directly with:

Director Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, D.C. 20210

Complaints made involving New York State Department of Labor programs should be filed directly with:

Omoye Cooper, EO Officer
State Administrative Entity for WIA
State Campus, Building 12, Room 540
Albany, New York 12240
Telephone: (418) 457-1984
(TDD 1-800-662-1220; VOICE 1-800-421-1220)

Time for filing: A complaint must be filed within 180 days of the alleged discrimination. Upon receipt of a written complaint, the EO Officer must provide a written acknowledgement within 5 days of receipt of the complaint. The EO Officer will have 90 days from the date of receipt of a written complaint to process the complaint. The EO Officer will notify the complainant within 15 days of receipt of the complaint if it determines that it does not have jurisdiction over a complaint that alleges a violation of the nondiscrimination and equal opportunity provisions of WIA.

If you file your complaint with a recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

The St. Lawrence County One-Stop Career System is a Partnership of:
NYS Dept. of Labor - Division of Employment Services * St. Lawrence-Lewis BOCES * St. Lawrence County Department of Social Services
St. Lawrence County Youth Bureau * St. Lawrence County Veterans' Service Department * ACCES-VR * SUNY Canton

St. Lawrence County One-Stop Career System is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.

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INTRODUCTION

Section 188 of the Workforce Investment Act (WIA) of 1998 contains the non-discriminatory and equal opportunity provisions of the Act. Regulations under section 188 (e) of the Federal Register issued November 12, 1999 require states to formulate procedures for processing discrimination complaints within one year of the passage of the WIA. Technical Advisory 01-2 advises the Local Workforce Investment Area of appropriate actions as stated hereafter.

PROCEDURE

In accordance with the New York State Department of Labor's Methods of Administration (MOA) the following "discrimination complaint procedures" are to be followed:

Equal Opportunity Officer:

The St. Lawrence County One-Stop System will designate an Equal Opportunity Officer (EOO). The EO Officer's responsibilities will include, but are not limited to: ensuring compliance with the non-discrimination and equal opportunity requirements of the WIA. The recipient will notify the Division of Equal Opportunity Development (DEOD) of the NYS Department of Labor in writing of any changes in the designation of the EO Officer.

The Equal Opportunity Officer's name and address are as follows: **Michael Boprey, Director, St. Lawrence County Veterans Services, 80 State Highway 310, Suite 5, Canton, New York 13617.**

The EO Officer will be required to handle all discrimination complaints when they are filed at the local level. The EO Officer will ensure dissemination of equal opportunity and affirmative action information, materials, guidelines and procedures in accordance with the WIA. The EO Officer will be responsible for recordkeeping and data collection pertaining to discrimination complaints. The EO Officer will maintain a complaint log. (See Attachment A)

Equal Opportunity Information (Poster, Forms, Etc.)

The St. Lawrence County One-Stop System will adopt and display the "Equal Opportunity Is The Law" poster, which must contain the following specific wording:

"Equal Opportunity Is The Law"

It is against the law for the St. Lawrence County One-Stop System to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA 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 WIA 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.

The Equal Opportunity Poster must inform the complainant of their right to file a discrimination complaint at the local, state, and federal level. Posters and discrimination complaint publications must be made available in languages other than English appropriate to that of the eligible population the recipient serves.

The St. Lawrence County One-Stop System will train staff members in these procedures as part of the staff member's orientation and job description.

Complaint Process:

In all instances of complaints of discrimination, the St. Lawrence County One-Stop System must attempt to resolve the complaint at the lowest level.

The St. Lawrence County One-Stop System will provide such assistance as may be necessary to enable a complainant to understand and participate in the complaint process. This may include sign language interpreters, wheelchair attendants, Braille copiers, sound amplification equipment or foreign language interpreters.

Any complainant may file a written complaint 180 days from the date on which the alleged discrimination occurred by using the US Department of Labor's Complaint Information Form (CIF). (See Attachment B for requested information.) Any person filing a formal complaint of discrimination at the local level must be issued a CIF. The CIF can be obtained from the Equal Opportunity Officer designated in the information given to customers at the time of eligibility.

A notice to the complainant of receipt of the complaint will be issued by the One-Stop System's Equal Opportunity Officer (EEO). The EEO must issue notice to the complainant if a determination is made of non-jurisdiction of a complaint.

The EEO will issue a written Notice of Final Action within 90 days of the date on which the complaint is filed. (See Attachment C)

The complainant may use the Alternative Dispute Resolution Through Mediation (ADR) process. The ADR provides choices whether to use the local provider agency's discrimination complaint procedure or the St. Lawrence County One-Stop System's customer discrimination complaint procedure.

The complainant must be allowed to follow the customary procedure if all parties to the complaint (dispute) do not agree to ADR. Confidentiality must be guaranteed to the level necessary and required and on a need-to-know basis.

The non-breaching party to any agreement reached under ADR may file a complaint with the CRC in the event the agreement is breached within 30 days of the date on which the non-breaching party learned of the alleged breach.

Appeal Process:

The Notice of Final Action must inform the complainant of his or her right to file a complaint/appeal with the Civil Rights Center – US Department of Labor (CRC) within 30 days of the date on which the Notice of Final Action is issued if he or she is dissatisfied with the EEO's final action on the complaint.

Federal Level

Director
Rights Center
US Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, DC 20210

Complaint Information Form: Please note this is NOT THE OFFICIAL FORM you will need to process your complaint. This form is being provided to you for informational purposes so you can be aware of the questions you will be required to answer. This form not intended to be a substitute for any form(s) provided by the U.S. Department of Labor, Civil Rights Center. The official complaint form can be obtained through the U.S. Department of Labor website or from the EEO.

1. Complainant Information:

State your name and address:	Your telephone number(s)	
Name:	Home:	
Address:	Area Code	Number
City, State, Zip:	Work:	
Social Security Number: (Disclosure of SS# is voluntary)	Area Code	Number

2. Respondent Information:

Provide name and address of agency involved:	Telephone number	
Name:		
Address:	Area Code	Number
City, State, Zip:		

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

4. To your best recollection on what date(s) did the discrimination take place?

 (Date of first occurrence) (Date of most recent occurrence)

5. Have you ever attempted to resolve this complaint at the local level? Yes No

a. Have you been provided with a final decision at the local level regarding your complaint?

Yes No

Date of final decision (if any): _____

b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level?

Yes No

Date you filed or attempted to file your complaint at the local level: _____

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. _____

7. To the best of your knowledge, which of the following Department of Labor programs were involved? (Check one)*

- | | |
|---|---|
| <input type="checkbox"/> Workforce Investment Act (WIA) | <input type="checkbox"/> Older Americans |
| <input type="checkbox"/> Welfare to Work | <input type="checkbox"/> New Directions |
| <input type="checkbox"/> Job Training (JTPA) | <input type="checkbox"/> Displaced Worker |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> MSHA |
| <input type="checkbox"/> Youth | <input type="checkbox"/> OSHA |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> WIN |
| <input type="checkbox"/> Apprenticeship | |
| <input type="checkbox"/> Other: Specify _____ | |

* At the local level, these programs may be known by a different name.

8. Basis of Complaint: Which of the following best describes why you believe you were a victim of discrimination? (Check)

- | | |
|--|--|
| <input type="checkbox"/> Race: Specify: _____ | <input type="checkbox"/> Age: Specify Date of Birth: _____ |
| <input type="checkbox"/> Color: Specify: _____ | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion: Specify: _____ | <input type="checkbox"/> Political Affiliation: Specify: _____ |
| <input type="checkbox"/> National Origin: Specify: _____ | <input type="checkbox"/> Citizenship: Specify: _____ |
| <input type="checkbox"/> Sex: Specify: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Reprisal/Retaliation |
| <input type="checkbox"/> Other :Specify _____ | |

9. Do you think the discrimination against you involved: (Check one)

- a. Your job or seeking employment? or
- b. Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- | | |
|--|--|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Intimidation/Reprisal |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Access/Accommodation |
| <input type="checkbox"/> Job Classification | <input type="checkbox"/> Union Activity |
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Union Representation |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Application |
| <input type="checkbox"/> Training | <input type="checkbox"/> Enrollment |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Qualification/Testing | <input type="checkbox"/> Exclusion |
| <input type="checkbox"/> Grievance Procedure | <input type="checkbox"/> Placement |
| <input type="checkbox"/> Layoff/Furlough | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Recall (From Layoff/Furlough) | <input type="checkbox"/> Performance Appraisal |
| <input type="checkbox"/> Seniority | <input type="checkbox"/> Discipline/Reprimand |
| <input type="checkbox"/> Other: Specify: _____ | |

10. Why do you believe these events occurred? _____

11. What other information do you think is relevant to our investigation? _____

12. If this complaint is resolved to your satisfaction, what remedies do you seek? _____

13. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name	Address	Telephone Number

14. Do you have an attorney? Yes No
 If yes, please provide name, address and telephone: _____

15. Have you filed a case or complaint with any of the following?
- Civil Rights Division, U.S. Department of Justice
 - U.S. Equal Employment Opportunity Commission
 - Federal or State Court
 - Your State or local Human Relations/Rights Commission

16. For each item checked in #15 above, please provide the following information:

Agency:		Agency:	
Date Filed:		Date Filed:	
Case/Docket #:		Case/Docket #:	
Trial/Hearing Date:		Trial/Hearing Date:	
Location of agency or Court:		Location of agency or Court:	
Name of Investigator:		Name of Investigator:	
Status of Case:		Status of Case:	
Comments:		Comments:	

 Signature (Complaint NOT VALID unless signed)

 Date

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

Two Federal laws govern personal information to Federal agencies, including the Civil Rights Center (CRC): the Privacy Act of 1974 (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C. 552) or "FOIA." Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, along with your complaint form.

The PRIVACY ACT protects individuals from misuse of personal information held by the Federal government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to CRC in connection with a discrimination complaint should know the following:

- CRC has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age and handicap, and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. CRC is also authorized to conduct reviews of federally funded programs to assess their compliance with civil rights laws.
- Information that CRC collects is analyzed by authorized personnel within CRC. This information may include personnel or program participant records, and other personal information. CRC staff may want to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help CRC determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. CRC may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to CRC may also be revealed to persons outside of CRC because it is necessary in order to complete enforcement proceedings against a program that CRC finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. CRC requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. CRC will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law requires that a complainant reveal personal information to CRC and no action will be taken against a person who denies CRC's request for personal information. However, if CRC cannot obtain the information needed to fully investigate the allegations in the complaint, CRC may close the case.

AS A POLICY, CRC DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. CRC never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave CRC written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request, and receive, information from many types of records kept by the Government – not just materials that apply to them personally. The Civil Rights Center must honor most requests for information submitted under FOIA, but there are exceptions:

- CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit CRC's ability to do its job effectively; and
- CRC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM, PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO THE CIVIL RIGHTS CENTER WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.

CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Civil Rights Center in connection with my complaint:

In the course of investigating my complaint, CRC may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to CRC, but CRC may close my complaint if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information CRC keeps in my complaint file for investigatory uses; and

Under certain conditions, CRC may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

SECTION A

YES, CRC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand the notice, and I consent for CRC to process my complaint.

(Signature)

(Date)

SECTION B

NO, CRC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for CRC to disclose my identity during investigation of my complaint. I request that CRC process my complaint, however, I understand that CRC may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that CRC may close my complaint if it cannot begin an investigation because I have not consented for CRC to reveal my identity.

(Signature)

(Date)

St. Lawrence County One-Stop System
 Non-Discrimination and Equal Opportunity Procedure
 Approved by the St. Lawrence County Workforce Investment Board: June 14, 2006

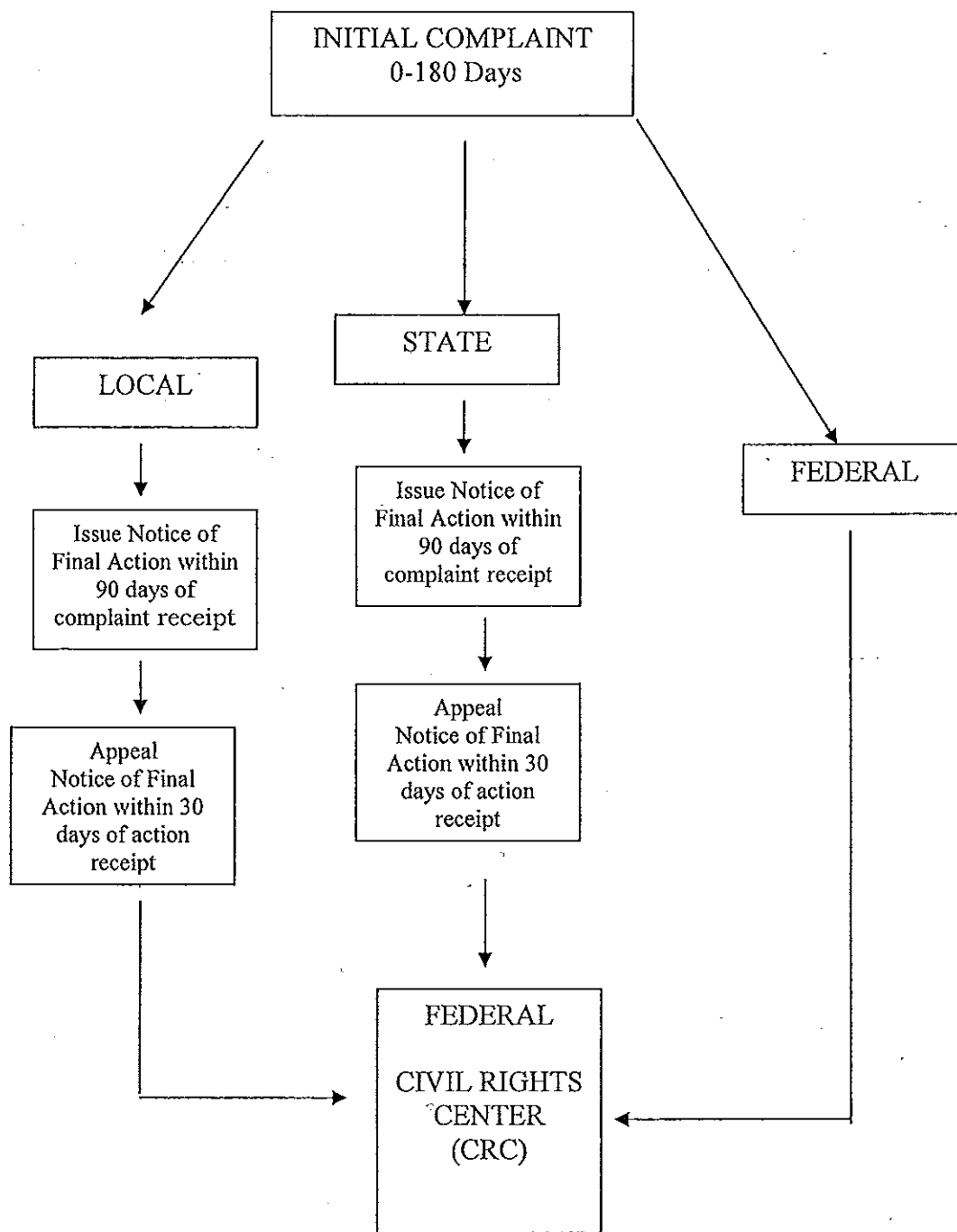
Notice of Final Action

Complainant Name:	
Respondent Name:	
Statement of Issue(s):	
Finding of Facts:	
Opinion & Reason for Decision:	

If you do not agree with this decision, you have the right to file a complaint with the Civil Rights Center within 30 days of the date on which this Notice of Final Action is issued.

**Director
 Civil Rights Center
 United States Department of Labor
 200 Constitution Avenue, NW
 Room N-4123
 Washington DC 20210**

Equal Opportunity Officer Signature:	
Equal Opportunity Officer Name:	Michael Boprey
Date:	



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St. Lawrence County Veteran's Services
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ST. LAWRENCE COUNTY WORKFORCE INVESTMENT BOARD

RESOLUTION NO. 11-09-08

September 7, 2011

APPOINTING NEW LOCAL EQUAL OPPORTUNITY OFFICER

WHEREAS, the St. Lawrence County Workforce Investment Board authorized its Non-Discrimination and Equal Opportunity Policy on June 27, 2001, and

WHEREAS, the Local Equal Opportunity Officer appointed in June 2006 has since retired,

NOW, THEREFORE, BE IT RESOLVED that the St. Lawrence County Workforce Investment Board does hereby appoint Michael Boprey as the Local Equal Opportunity Officer, and

BE IT FURTHER RESOLVED that the St. Lawrence County Workforce Investment Board hereby authorizes staff to amend the Workforce Investment Act Non-Discrimination and Equal Opportunity Policy to reflect Mr. Boprey's appointment.

[WIB Action: Approved 09/07/11; Daddario/Sutton; 11 ayes/0 nays]

I, Lori A. Barr, Secretary I of the St. Lawrence County Workforce investment Board, **DO HEREBY CERTIFY**, that I have compared this copy of this Resolution, adopted September 7, 2011; with the original record in this office and that the same is a correct transcript there of and of the whole of said original record.

Lori A. Barr, Secretary I
St. Lawrence County Workforce Investment Board
September 7, 2011