

**Capital Region Workforce Development Board
Administrative Policy 102**

Nondiscrimination and Equal Opportunity Policy

Policy

It is the policy of the Capital Region Workforce Development Board (WDB) to provide equal opportunity in employment to all employees, applicants for employment, vendors, potential vendors and customers or beneficiaries without regard to race, color, religion, sex, national origin, age, disability, political affiliation, or belief. Beneficiaries means those individuals seeking employment, or access and entry into programs and activities receiving funds under the Workforce Innovation and Opportunity Act (WIOA) which shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, parolees, and other immigrants authorized by the Attorney General to work in the United States.

Additionally, WDB shall ensure access to equal opportunity in accordance with Title VI and Title VII of the Civil Rights Act of 1964, Title II of the Americans with Disabilities Act, 29 CFR Part 37, Implementation of the Nondiscrimination and Equal Opportunity Provisions of the WIOA, the Age Discrimination Act of 1975, and other pertinent directives, or their successors. To that end, no person shall, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief shall be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination in any WDB program or activity.

The WDB is required to provide appropriate auxiliary aids and services to afford equal opportunity to persons with disabilities, giving primary consideration to the individual's request. However, there is no requirement to take action that would result in fundamental alteration of service or undue financial hardship or administrative burden.

Background

Programs and activities funded by the United States Department of Labor under the Workforce Innovation and Opportunity Act (WIOA) are subject to federal equal opportunity laws and regulation. The WDB is obligated by WIOA to comply with its nondiscrimination and equal opportunity provisions. The WDB will ensure that all partner Memoranda of Understanding and Contracts provide assurances and certification of support of WDB Nondiscrimination and Equal Opportunity Policy.

The WDB shall adhere to the requirements of WIOA regarding Nondiscrimination against persons with disabilities. Section 188 of WIA describes the prohibition against discrimination on the basis of race, color, religion, sex, national origin, age, disability, citizenship, political affiliation or belief; and for beneficiaries only, citizenship and participation in WIOA programs.

Requirements:

1. The WDB will ensure that its programs and activities are physically as well as programmatically accessible to individuals with disabilities.
2. WIOA-funded and non-funded programs will be administered in the most integrated setting appropriate to the qualified individual with a disability.
3. The WDB will ensure that communications with individuals with disabilities are as effective as communications with others.

Procedures

I. Notification

The WDB must provide initial and continuing notice that it does not discriminate on any prohibited ground. The notice must contain specific wording to include "Equal Opportunity is the Law." At a minimum, the notice must be posted prominently, in reasonable numbers and places; disseminated in internal memoranda and other written or electronic communications; included in handbooks or manuals; and made available to each participant, and made part of each participant's file. Employees of the WDB, applicants for employment, vendors, potential vendors and customers or beneficiaries, and partners with whom WDB establishes Memoranda of Understanding shall be notified of this policy. Notification shall be made in the following manner:

- a. Workforce Center customers shall be notified of this policy by posting the Equal Opportunity is the Law posters in all Workforce Centers/facilities.
- b. New employees shall be given a copy of this policy upon employment.
- c. Current employees shall be informed of changes to the policy.
- d. Potential and current vendors shall be notified of this policy by statements in contracts and memoranda of understanding.

II. Complaints of Discrimination

A. WDB Employees

WDB employees are required to follow Henrico County's policies and procedures as employees of Henrico County.

B. WIOA Applicants, Enrollees, Vendors and Potential Vendors

Applicants and enrollees of WIOA programs, as well as vendors and potential vendors, may file EO discrimination complaints with the local EO Officer.

Mr. Brian Davis, Director, Capital Region Workforce Partnership, 1001 N. Laburnum Ave, Suite B, Henrico, VA 23223. Phone: 804-652-3220.

OR

C. Employees, WIOA Applicants and Enrollees, Vendors and potential vendors may also file discrimination complaints directly with the Commonwealth of Virginia or U. S. Equal Employment Opportunity Commission's

Ms. Vicki Tanner, State WIOA EO
Virginia Community College System
Academic and Workforce Programs
300 Arboretum Place, Suite 300
Richmond, VA 23236

Director, Civil Rights Center
U. S. Department of Labor
200 Constitution Avenue, N.W. Room N-4123
Washington, D.C. 20210
(202) 219-8927

D. E.O. Complaint Forms

1. Applicants, customers or beneficiaries, vendors, and potential vendors shall use the EO Complaint Form at **Attachment A** when filing a complaint with the local EO Officer.
2. Applicants, customers or beneficiaries, vendors, and potential vendors shall use the EO Complaint Form at **Attachment B** when filing a complaint with the Director of the Civil Rights Center.
3. If upon receipt of the EO Complaint form it is determined that the complaint is not pertinent to a WIOA service, program or process, the EO Officer who received the complaint shall make a formal referral to the appropriate agency/organization EO Officer found in Attachment A and shall notify the complainant in writing that the complaint has been forwarded to the offending organization/agency EO Officer. The formal notification must include the EO officer's name and contact information. A copy of the notification shall be maintained in the EO Officer's file.

Retaliatory action shall not be taken by management against any person for filing a complaint of discrimination.

III. Violations

Any employee, vendor or workforce center found in violation of the EO policy requirements shall be subject to appropriate disciplinary action.

Effective: July 1, 2015, Revised March 7, 2019

By: Brian K. Davis, WDB Executive Director



ATTACHMENT A

EQUAL OPPORTUNITY DISCRIMINATION COMPLAINT FORM

Brian Davis, EO Officer
Capital Region Workforce Partnership, 1001 N. Laburnum Ave, Suite B, Henrico, VA 23223
Phone: 804-652-3220. Fax: 804-236-0503

To be used by Enrollees, Applicants for Services, Vendors and Potential Vendors of the Resource Workforce System.

Type of Discrimination You Claim Occurred:

- | | | | |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Political Affiliation | <input type="checkbox"/> Other (Explain) _____ |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Age | <input type="checkbox"/> Retaliation | |

Your Name (Complainant) – Please print with ink or type above

Street Address _____ City/State/Zip _____

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Home Phone and area code

Business Phone and area code

Fax Number and area code

E-Mail: _____

Alternate Contact Information _____

Agency/Organization and/or person that you believe has discriminated against you:

Name _____

Agency/Organization/Department _____

Street Address _____ City/State/Zip _____

Discrimination occurred _____

State why you believe you have been discriminated against (Use additional sheets as necessary).

What remedy do you wish to obtain by filing this complaint? (Use additional sheets as necessary).

I affirm the above information is true to the best of my knowledge, information and belief.

Complainant's Signature _____ Date _____

WDB Use Only

Complaint received by (check one):

___ Walk-In ___ Mail ___ Fax

___ Email

Date Received at CRWP

By: _____

Action

Taken: _____

Mo.	Day	Year



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS (OCR)
CIVIL RIGHTS DISCRIMINATION COMPLAINT

Form Approved: OMB No. 0900-0200
See OMB Statement on Revisions



YOUR FIRST NAME		YOUR LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (If available)	

Are you filing this complaint for someone else? ☐ Yes ☐ No
If Yes, whose civil rights do you believe were violated?

FIRST NAME	LAST NAME
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I believe that I have been (or someone else has been) discriminated against on the basis of:

- ☐ Race / Color / National Origin
 ☐ Age
 ☐ Religion
 ☐ Sex
☐ Disability
 ☐ Other (specify): _____

Who or what agency or organization do you believe discriminated against you (or someone else)?
PERSON/AGENCY/ORGANIZATION

STREET ADDRESS		CITY
STATE	ZIP	PHONE (Please include area code)

When do you believe that the civil right discrimination occurred?
LIST DATE(S)

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.
SIGNATURE

DATE (mm/dd/yyyy)

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at www.hhs.gov/ocr/civilrights/complaints/index.html. To mail a complaint see reverse page for OCR Regional addresses.