

**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, the 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 38, Implementation of the Nondiscrimination and Equal Opportunity Provisions of the WIOA (Section 188), 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, citizenship (participants only), 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 WIOA 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/its programs do 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 the 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 Equal Opportunity (EO) Officer.

Dr. Mychael Lee, Local EO Officer  
121 Cedar Fork Rd, Suite B  
Henrico, VA 23223  
804-652-3220 / VA Relay 711, Fax 804-236-0153

**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 EO Officer  
Virginia Department of Workforce Development and Advancement  
2221 Edward Holland Drive, 5<sup>th</sup> floor, Richmond, VA 23230

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

#### **D. Filing an E.O. Complaint**

1. Applicants, customers or beneficiaries, vendors, and potential vendors shall use include the following when filing a complaint with the local EO Officer:
  - a) The name of and contact information of the complainant;
  - b) The name of and contact information of the recipient (entity) that you believe discriminated;
  - c) A description of the discriminatory act(s) that occurred, with enough detail about what occurred, when it occurred, and what you believe was the basis or cause of the discrimination (such as race, disability, or national origin); and
  - d) The complainant's signature or the signature of their authorized representative.

#### **E. Timeline for Filing E.O. Complaints or Grievances**

1. Complaint must be filed in writing to E.O. Officer within 180 calendar days of the alleged discrimination or retaliation. Complaints should be filed by using Complaint form (Attachment A).
2. CRWP has 90 calendar days from the date the complaint is received to conduct a fact finding and provide a Notice of Final Action.

**F.** If upon receipt of the EO Complaint 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 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.

#### **G. Appeals to local level decisions**

1. Appeals to any local level decisions can be filed to State Level EO Officer or the Department of Labor's Civil Rights Center (Contact information above) within 30 calendar days of the Notice of Final Action or within 30 days from the end of the 90 days from the date of the complaint if no Notice of Final Action is received.

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

#### **H. Filing a complaint directly with the Civil Rights Center:**

*Requirements for all complaints.* Regardless of where a complaint is filed, the complaint must be in writing, and must include the following information:

- a) The name of and contact information of the complainant;
- b) The name of and contact information of the recipient (entity) that you believe discriminated;
- c) A description of the discriminatory act(s) that occurred, with enough detail about what occurred, when it occurred, and what you believe was the basis or cause of the discrimination (such as race, disability, or national origin); and
- d) The complainant's signature or the signature of their authorized representative.

Complaints may be submitted to CRC in the following ways:

Sent by postal mail to:

Director  
Civil Rights Center  
ATTENTION: Office of External Enforcement  
U.S. Department of Labor  
200 Constitution Ave NW  
Room N-4123  
Washington, DC 20210  
Faxed to 202-693-6505, ATTENTION: Office of External Enforcement (limit of 15 pages)

A complainant has the right to be represented in the complaint process by a person of their choosing such as an attorney or other representative at their own cost.

<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/external/how-to-file-complaint>

### III. Violations

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

**Revision, 3, July 30, 2025. Revision #2, August 12, 2024. Revision #1 March 7, 2019. Original date Effective: July 1, 2015**

By: Brian K. Davis, WDB Executive Director



**Virginia Career Works – Capital Region: Equal Opportunity / Discrimination Complaint Form**

This form should be used by anyone in the Virginia Career Works – Capital system (part of the American Job Center network) who wishes to file a discrimination complaint against any person(s)/entity. To file a discrimination complaint, complete and sign this form, sign and return to Dr. Mychael Lee, EO Officer, 121 Cedar Fork Road, Suite B, Henrico, VA 23223. You may also email to [lee077@henrico.gov](mailto:lee077@henrico.gov) or fax to 804-236-0503.

***Part 1 – Complainant Information***

First Name

Last Name

Address

Best way to contact you (provide details below): Phone

Email

Mail

Contact information

When is the best time of day to reach you?

***Part 2 – Person or Organization you believe discriminated against you***

Date(s) of alleged discrimination:

Location of alleged discrimination

Name of the person

Name of the agency or organization (if known)

*Note you must provide either the name of the person or organization in order for a complaint to be investigated.*

Address where alleged discrimination occurred:

Phone number or contact information of the person or location named above:

***Part 4 – Category of complaint****Age**Citizenship**Gender**Disability**Race**Religion**Color**Harassment**National Origin**Sex**Political Action or Belief**Other*

## **Virginia Career Works – Capital Region: Equal Opportunity / Discrimination Complaint Form**

**Part 4 – Complaint Information** - Please describe the nature of the believed discrimination and what recourse you are seeking:

### **Part 5 – Complainant Signature**

Your signature on this form will initiate the processing of this complaint. By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge of belief.

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Signature

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Date

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**EO officer use only:**

**Date received:**

**Date investigation started:**

**Date Results Communicated:**