

**APPLICANT'S OR ENROLLEE'S RIGHTS/GRIEVANCE PROCEDURES UNDER WIOA**

As an **APPLICANT/PARTICIPANT/ENROLLEE**, we welcome you to one of Pennsylvania's WIOA.

Let me tell you something about your **CIVIL RIGHTS UNDER FEDERAL LAW**. Your sponsor has assured the United States Department of Labor and Pennsylvania Department of Labor and Industry that no person shall, on the basis of race, color, religion, sex, national origin, age, handicap, or political affiliation or belief, be excluded from participation in, denied the benefits of, be subjected to discrimination under, or denied employment in the administration of or in connection with any program or activity funded under the ACT.

This means that:

No individual will be discriminated against with regard to recruitment, examination, appointment, training, promotion, retention, discipline or any other aspect of personnel administration.

No aid, benefit, service or training may be denied you because of your race, sex, age, color, religion, handicap, national origin, political affiliation or beliefs.

You may not be segregated or treated any differently from other applicants, participants or enrollees because of your race, color, religion, sex, national origin, age handicap, political affiliation or belief, while you are being registered, interviewed, counseled, or tested; or while you are working or attending classes as part of the program.

If you have any questions regarding the above information, contact the *Workforce Investment Area (WIOA) Equal Employment Opportunity Officer* at the following address:

**Anthony Lerario**  
at  
**DELAWARE COUNTY OFFICE OF WORKFORCE DEVELOPMENT**  
**1570 Garrett Road**  
**Barclay Square Center, Suite A**  
**Upper Darby, Pa 19082**

The Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and the Job Training Partnership Act of 1982 guarantee you the right to file a complaint of alleged action in any area stated above. You must contact the EEO representative to acquire the necessary form to register an allegation of discrimination based **on race, color, and national origin** with **the United States Department of Labor within 180 days of occurrence.** Allegation of discrimination based on a **handicap** must **be filed with the SDA within 180 days of occurrence.**

All complaints will be handled confidentially with a response provided within three working days.

I have received, read, and understand the above statement of my civil rights and acknowledge receipt therefore by my signature on the statement of receipt form to be included in my applicant/participant/enrollee file.

Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program

_____	_____
Applicant/Participant	Date Signed
_____	_____
Pa CareerLink® Representative	Date Signed