

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

An Equal Opportunity Employer

Greg Olsen, Acting Director

PROGRAM INSTRUCTION

Number 17-PI-34

Supersedes 17-PI-33

Expiration Date

DATE: December 27, 2017

TO: Area Agency on Aging (AAA) Directors

SUBJECT: Senior Community Service Employment Program (SCSEP) Non-Discrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act

ACTION REQUESTED: All AAAs that administer the Senior Community Service Employment Program (SCSEP) must comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act outlined in 29 CFR Part 38 by following the New York State Department of Labor's (NYSDOL) Methods of Administration (<https://www.labor.ny.gov/agencyinfo/moa/pdf/cover.pdf>). The Methods of Administration (MOA) describes how NYSDOL complies with the Workforce Investment Act of 1998 (WIA) outlined in 29 CFR Part 37. In response to the enactment of the Workforce Innovation and Opportunity Act (WIOA), which supersedes WIA, and the adoption of the corresponding regulations (29 CFR Part 38), NYSDOL is in the process of updating the MOA, now referred to as the Non-Discrimination Plan (NDP).

This PI applies to all AAAs that administer SCSEP through NYSOFA funded authorized positions, whether it is done directly or through a contract. If the AAA or their contractor also administers SCSEP through National Grantee funded authorized positions, please refer to that National Grantee's program guidance on non-discrimination and the equal opportunity provisions of WIOA for matters arising out of the National Grantee funded authorized positions.

All staff that work on SCSEP, including at the AAA and contractor (if applicable) are to be given a copy of the equal opportunity notice and discrimination complaint processing procedure (attached to this PI) and receive instruction on it. The equal opportunity notice and discrimination complaint processing procedure (see below) may not be modified.

As a reminder, according to 29 CFR 38.9(b), SCSEP programs must take reasonable steps to ensure meaningful access to each limited English proficient (LEP) individual being served or encountered so that LEP individuals are effectively informed about and/or able to participate in the program or activity. Make sure to consider the scope of the program and the size and concentration of the population that needs services or information in a language other than English. Based on those considerations, SCSEP programs are to take reasonable steps to provide the equal opportunity notice, as well as other services and information in appropriate languages. See 29 CFR 38.9(c)-(i) for more information on these requirements.

Nondiscrimination Requirements:

The Civil Rights Center (CRC) is the division of the United States Department of Labor (USDOL) that is responsible for promoting justice and equal opportunity by administering and enforcing various civil rights laws, including the WIOA nondiscrimination requirements outlined in [29 CFR Part 38](#), which covers consumers, applicants, and participants of SCSEP. CRC investigates and resolves discrimination complaints, conducts compliance reviews, provides technical assistance and training, and develops and publishes civil rights regulations, policies, and governance.

NYSDOL's Division of Equal Opportunity Development (DEOD) develops and administers programs for Affirmative Action and Equal Opportunity Employment, promotes equal opportunity, and ensures there is no discrimination in NYSDOL policies and practices. As a WIOA Title-I financially assisted program, SCSEP is included under these policies and practices.

You are not allowed to discriminate on the following basis:

- Race;
- Color;
- Religion;
- Sex;
- National origin;
- Age (age is a valid requirement for SCSEP eligibility – no upper age limit can be imposed on program applicants or participants);
- Disability;
- Political affiliation or belief; and
- Citizenship/status as a lawfully admitted immigrant authorized to work in the United States; or
- His/Her participation in any WIOA Title I-financially assisted program or activity.

You are not allowed to discriminate in the following areas:

- Deciding who will be admitted to SCSEP;
- Providing opportunities in a program activity; or
- Making employment decisions in such a program or activity.

CRC will only review complaints regarding the federally protected classes listed above due to CRC's jurisdiction being limited to federal law. The DEOD will review complaints in relation to any applicable federal, state, and local laws.

In addition to the federally protected classes listed above, the New York State Human Rights Law (Executive Law, Article 15) prohibits discrimination on the following bases:

- Age;
- Race;
- Creed;
- Color;
- National origin;
- Sexual orientation;
- Military status;
- Sex;
- Disability;
- Familial status;
- Domestic violence victim status;
- Marital status;
- Pregnancy-related condition;
- Sabbath observance or religious practices;
- Prior arrest or conviction record;
- Predisposing genetic characteristics; and
- Retaliation for opposing unlawful discriminatory practices.

Any person has the right to file a complaint with the New York State Division of Human Rights in addition to or instead of CRC and/or the DEOD. For information on how to file a complaint with the Division of Human Rights visit their website at <https://dhr.ny.gov/complaint#howto>.

Notice and Communication Requirements:

All AAAs and their contractors must prominently display the equal opportunity notice, which is in the form of the "Equal Opportunity is the Law" poster (attachments 1-14, designated as "DEOD310.1"), in reasonable numbers and places; disseminated in internal memoranda and other written or electronic communications; included in the participant handbook; and made available to each participant and made a part of the participant's file. This poster notifies all consumers, applicants, and participants that SCSEP does not discriminate on any prohibited basis and provides the contact information for Director of the DEOD and CRC. This poster cannot be altered in any way as it contains specific wording required by regulation.

If the AAA or its contractor operates a SCSEP program funded by NYSOFA as well as a National Grantee, the AAA and its contractor will need to display a separate poster listing the contact information for the National Grantee's EO Officer. The Director of the

DEOD does not have jurisdiction over the National Grantee SCSEP program.

Anytime SCSEP is advertised it must be indicated that the program is an “equal opportunity employer/program” and that “auxiliary aids and services are available upon request to individuals with disabilities.” These taglines are required under WIOA and must be included on all documents, webpages, communications, marketing materials, etc. distributed or associated with SCSEP. Where such materials indicate that the program may be reached by voice telephone, the materials must also prominently provide the Telecommunications Device for the Deaf (TDD) or TeleTYpewriter (TTY) number to ensure communication with the hearing or speech impaired. The TDD/TTY number is 1-800-662-1220.

The program must not communicate any information that suggests, by text or illustration, that the program treats consumers, applicants, or participants of SCSEP differently on any prohibited basis, except as such treatment is otherwise permitted under Federal law.

During each presentation (including presentations in person, over the internet, or through using other technology) to orient new participants, staff that work on SCSEP, and/or the general public to SCSEP, the program must include a discussion of rights and responsibilities under the nondiscrimination and equal opportunity provision of WIOA and 29 CFR Part 38, including the right to file a complaint of discrimination with the Director of the DEOD and/or the Director of CRC. This information must be communicated in appropriate languages and in formats accessible for individuals with disabilities.

Additionally, the following Confidentiality Notice/Disclaimer must be included in all email communications regarding protected information including with regard to complaint investigations, ADA assessments, or other general information/requests submitted by staff who work on EO matters:

Confidentiality Notice: The information contained in this email may be confidential and/or privileged. This email is intended to be reviewed by only the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email, its contents and attachments, is expressly prohibited. If you have received this email in error, please immediately notify the sender by return email and delete this email from your system.

The full Notice and Communication requirements can be found under 29 CFR §38.34 through §38.40 and Element 2 of the MOA.

Complaint Processing Procedures:

Consumers, applicants, and participants of SCSEP have a right to file a discrimination complaint at any time.

Any staff involved with SCSEP, whether at the AAA, the contracted provider (if applicable), or host agency, shall not process a complaint related to discrimination. If a consumer, applicant, or participant alleges discrimination of any type, they should immediately be directed to file their complaint with the Director of the DEOD and/or the Director of CRC at USDOL as described in the MOA. The only assistance SCSEP staff may provide is to instruct a person on how and where to file a complaint. If a person needs further assistance, SCSEP staff may refer the individual to the Director of the DEOD and/or legal assistance.

NYSDOL's Technical Advisory (TA) #02-6.1, Implementation of the Equal Opportunity and Nondiscrimination Policy and Complaint Processing Procedures of the Workforce Investment Act of 1998, Revised December 2007

(<https://www.labor.ny.gov/workforcenypartners/ta/ta02-61.htm>), details the complaint processing procedure. Similar to the MOA, this TA and its associated documents are currently being revised to reflect the requirements of WIOA. This TA includes the following attachments (accessed via the link above):

- WIA EO and Non-discrimination Policy and Complaint Processing Procedures
- Complaint Procedure Overview
- Procedures for Handling Complaints Referred for Mediation
- Signature Sheets for adoption of the procedures by the Local Workforce Investment Areas

NYSDOL also provides a Complaint Information Form (attachment 15-17, designated as "DEOD834") for people wishing to file a discrimination complaint as well as an Americans with Disabilities Act Complaint Form (attachment 18, designated as "DEOD835"). The AAA and its contractor (if applicable) will keep copies of these forms available and provide them to consumers, applicants, and/or participants upon request.

The Director of the DEOD and/or CRC may request from the AAA and/or its contractor (if applicable) any information related to the complaint in order to conduct their investigation(s). All programs must collect such data and maintain such records in order to show that it has complied with the nondiscrimination and equal opportunity provisions of WIOA. Records should be maintained for both applicants (even if deemed ineligible) and participants. The information collected should include race/ethnicity, sex, age, and where known, disability status. Full details on documentation and record retention can be found in 16-PI-13 – Senior Community Service Employment Program (SCSEP) Documentation and Record Retention Guidelines.

The full Complaint Processing Procedures requirements can be found under 29 CFR §38.69 through §38.97 and Element 8 of the MOA.

Participant Handbook Updates:

All programs must update their SCSEP participant handbook for NYSOFA funded authorized positions by including a copy of the Equal Opportunity is the Law poster and the Notice Under the Americans with Disabilities Act (attachment 19, designated as "DEOD832") as well as with the Complaint Information Form and the American with Disabilities Act (ADA) Complaint Form. Please note, that if the AAA, or their contractor (if applicable), administers SCSEP through National Grantee funded authorized positions, there must be a separate participant handbook for the National Grantee funded authorized positions. Please refer to that National Grantee's program guidance on participant handbooks.

Any information related to the non-discrimination and equal opportunity provisions, including any notices or complaint procedures, that is currently in the participant handbook must be removed and replaced with the above referenced documents. Whatever mechanism is used to update the participant handbook, the new notices and complaint forms must be clearly and easily identifiable by the participant. A copy of the notices and complaint forms must also be distributed to all current participants. Additionally, any time a participant is switched from a National funded slot to a NYSOFA funded slot, a copy of participant handbook for NYSOFA funded authorized positions must be provided to the participant. All new and current participants must sign that they have received a copy of the notices and complaint forms and the signature must be retained in the participant file in accordance with SCSEP document retention guidelines.

RESPONSE DUE DATE: All programs must display the equal opportunity notice and replace the discrimination complaint processing procedure in accordance with this PI immediately. Compliance with this PI will be verified during SCSEP monitoring visits.

PURPOSE: To transmit NYSDOL's Methods of Administration, which includes the equal opportunity notice and complaint processing procedures and associated forms, to all AAAs that administer SCSEP in order to comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act outlined in 29 CFR Part 38 (formerly the Workforce Investment Act of 1998 outlined in 29 CFR Part 37).

BACKGROUND: SCSEP was authorized by Congress in Title V of the Older Americans Act (OAA) to provide subsidized, part-time, community service training for unemployed, low-income persons aged 55 or older who have low employment prospects. There are 29 SCSEP programs in NYS that are overseen by NYSOFA and operated directly by AAAs or contracted through other local entities. SCSEP is a WIOA Title-I financially assisted program which makes it a required partner in the one-stop delivery system

and, therefore, covered under NYSDOL's Methods of Administration/Non-Discrimination Plan.

ATTACHMENTS:

- Attachments 1-14: Equal Opportunity is the Law poster in English, Albanian, Arabic, Bengali, Bosnian, Chinese, French, Haitian Creole, Italian, Korean, Polish, Russian, Spanish, and Vietnamese (DEOD310.1)
- Attachments 15-17: NYSDOL Complaint Information Form in English, Spanish, and Haitian (DEOD834)
- Attachment 18: Americans with Disabilities Act Complaint Form (DEOD835)
- Attachment 19: Notice Under the Americans with Disabilities Act (DEOD832)

PROGRAMS AFFECTED:

| | | | | |
|--------------------------------------|--------------------------------------|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> CSE | <input type="checkbox"/> WIN | <input type="checkbox"/> Energy |
| <input type="checkbox"/> EISEP | <input type="checkbox"/> NSIP | <input checked="" type="checkbox"/> Title V | <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |
| <input type="checkbox"/> Other: | | | | |

CONTACT PERSON: Dan Hogan

Daniel.Hogan@aging.ny.gov

TELEPHONE: (518) 474-7252

*EQUAL OPPORTUNITY *is THE LAW**

It is against the law for all recipients of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), 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 WIOA 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 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.

What to Do If You Believe You Have Experienced Discrimination

If you think 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:



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

**PHONE: (518) 457-1984
(TDD) 1-800-662-1220
(VOICE) 1-800-421-1220**

or you may file a complaint directly with:

Director

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

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 (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.

MUNDËSITË E BARABARTA parashikohen me LIGJ

Është i jashtëligjshëm diskriminimi i të gjithë përfituesve të ndihmës financiare federale sipas kritereve të mëposhtme:

Ndaj çdo individi në Shtetet e Bashkuara bazuar te raca, ngjyra, feja, gjinia, prejardhja kombëtare, mosha, aftësia e kufizuar, pjesëmarrja ose bindjet politike; dhe ndaj çdo përfituesi të programeve të ndihmës financiare sipas kreut I të ligjit të mundësive dhe novacionit për punonjësit (Workforce Innovation and Opportunity Act, WIOA), bazuar në nënshëtësinë/ statusin e përfituesit si emigrant i pranuar ligjërisht që të punojë në Shtetet e Bashkuara ose pjesëmarrjes së tij ose të saj në ndonjë program apo veprimitari të ndihmës financiare sipas kreut I të WIOA. Përfituesi nuk duhet të diskriminohet në asnjë nga fushat e mëposhtme: Në vendimin se cili do të pranohet ose do të ketë akses në ndonjë program ose veprimitari të ndihmës financiare sipas kreut I të WIOA; në ofrimin e mundësive ose trajtimin e një personi në lidhje me këtë program ose veprimitari; ose në marrjen e vendimeve të punësimit në zbatim ose në lidhje me këtë program ose veprimitari.

Çfarë duhet të bëni nëse mendoni se jeni diskriminuar

Nëse mendoni se jeni viktimi e diskriminimit në programin ose veprimtarinë e ndihmës financiare sipas kreut I të WIOA-s, mund të paraqisni një ankesë brenda 180 ditësh nga data e shkeljes së supozuar, pranë:



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

TELEFON: (518) 457-1984

(TDD) 1-800-662-1220

(SEKRETARIA) 1-800-421-1220

ose mund të paraqisni ankesë drejtpërdrejt te:

Director

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

Nëse e paraqisni ankesën ndaj përfituesit, duhet të prissni derisa përfituesi të japë një njoftim me shkrim përvendimin përfundimtar (Notice of Final Action) ose të prissni që të kalojnë 90 ditë (cilado të ndodhë e para), përpëra se të ankoheni në Qendrën përvendimtar (Civil Rights Center, CRC) (shihni adresën më lart). Nëse përfituesi nuk e ka dhënë njoftimin me shkrim përvendimin përfundimtar brenda 90 ditësh, duke filluar nga dita në të cilën keni paraqitur ankesën, nuk keni pse të prissni më që përfituesi ta japë atë njoftim që të ankoheni te CRC-ja (Qendra përvendimtar). Megjithatë, ankesën te CRC-ja duhet ta dorëzoni brenda 30 ditëve të afatit 90-ditor (pra, brenda 120 ditësh pas datës kur paraqitet ankesën përvendimin përfundimtar). Nëse përfituesi ju jep njoftim me shkrim përvendimin përfundimtar përvendimtar përvendimin përfundimtar (pra, brenda 120 ditësh pas datës kur paraqitet ankesën përvendimin përfundimtar). Nëse përfituesi ju jep njoftim me shkrim përvendimin përfundimtar përvendimtar përvendimin përfundimtar (pra, brenda 120 ditësh pas datës kur paraqitet ankesën përvendimin përfundimtar).

القانون يلزم تحقيق مبدأ تكافؤ الفرص

يحظر القانون أن تقوم أي جهة متنقية للمساعدات المالية الفيدرالية بالتمييز على الأسس التالية:

التمييز ضد أي فرد في الولايات المتحدة على أساس العرق أو اللون أو الدين أو الجنس أو الأصل القومي أو السن أو الإعاقة أو الانتماء السياسي أو المعتقد؛ ضد أي متمنع من البرنامج التي يتم دعمها ماليًا بموجب البند الأول من قانون ابتكار وفرص القوى العاملة (Workforce Innovation and Opportunity Act, WIOA)، على أساس مواطنة/حالة المتمنع كلاجئ مصرح له بالدخول قانونياً ومصرح له بالعمل في الولايات المتحدة، أو مشاركته في أي برنامج أو نشاط يتم دعمه ماليًا بموجب البند الأول من قانون WIOA. يجب لا يقوم المتنقى بالتمييز في أي من الجوانب التالية: اتخاذ قرار بشأن من سيتم التصريح له بالمشاركة في أي برنامج أو نشاط يتم دعمه ماليًا بموجب البند الأول من قانون WIOA أو الوصول إلى أي منها؛ أو توفير الفرص لأي شخص في مثل هذا البرنامج أو النشاط أو معاملته فيما يتعلق بأي منها، أو اتخاذ قرارات توظيف في إدارة مثل هذا البرنامج أو النشاط أو فيما يتعلق بأي منها.

ماذا تفعل إذا كنت تعتقد أنك تعرضت للتمييز

إذا كنت تعتقد أنك قد تعرضت للتمييز في برنامج أو نشاط يتم دعمه ماليًا بموجب البند الأول من قانون WIOA، يمكنك تقديم شكوى خلال 180 يوماً من تاريخ الانتهاء المزمع إما إلى:



Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

الهاتف: 457-1984
(الهاتف الخاص بأصحاب الإعاقات السمعية)
1-800-662-1220
(الخدمة الصوتية) 1-800-421-1220
أو يمكنك تقديم شكوى مباشرة إلى:

Director

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

إذا قدمت شكواك لدى الجهة المتنقية للمساعدات المالية، ينبغي أن تنتظر حتى تصدر الجهة المتنقية للمساعدات المالية إخطاراً مكتوباً بالإجراء النهائي (Notice of Final Action)، أو حتى مرور 90 يوماً (أياماً أقل)، قبل تقديم الشكوى لدى مركز الحقوق المدنية (Civil Rights Center, CRC) (انظر العنوان السابق ذكره). إذا لم تعطيك الجهة المتنقية للمساعدات المالية إخطاراً مكتوباً بالإجراء النهائي في غضون 90 يوماً من تاريخ اليوم الذي قدمت فيه شكواك، لست مضطراً إلى الانتظار حتى تصدر الجهة المتنقية للمساعدات المالية ذلك الإخطار قبل تقديم شكوى لدى CRC إلا أنك ينبغي أن تقدم شكواك لدى CRC في غضون 30 يوماً من ذلك 90 يوماً المحددة (أي في غضون 120 يوماً بعد تاريخ اليوم الذي قدمت فيه شكواك لدى الجهة المتنقية للمساعدات المالية). أما إذا أعطتك الجهة المتنقية للمساعدات المالية إخطاراً مكتوباً بالإجراء النهائي الخاص بشكواك بالفعل، لكنك لا تشعر بالرضا عن القرار أو الحل، يمكنك تقديم شكوى لدى CRC في غضون 30 يوماً من تاريخ استلام إخطار الإجراء النهائي.

সমান সুযোগ প্রদান ক্রাই হল আইন

নিম্নলিখিত বিষয়গুলির উপর ভিত্তি করে বৈষম্য করা ফেডারাল অর্থনৈতিক সহায়তাপ্রাপ্ত সমষ্টি প্রাপকদের পক্ষে আইনবিরুদ্ধ:

ইউনাইটেড স্টেটস-এর কোনো ব্যক্তির বিরুদ্ধে তার জাতি, বর্গ, ধর্ম, লিঙ্গ, জাতিগত উৎস, বয়স, অক্ষমতা, রাজনৈতিক সম্পত্তি বা বিশ্বাসের ভিত্তিতে; এবং সালের ওয়ার্কফোর্ম ইনোভেশন ও অপারচুনিটি অ্যাক্ট (Workforce Innovation and Opportunity Act, WIOA)-এর শিরোনাম I-এর অধীনে আর্থিক সহায়তাপ্রাপ্ত কর্মসূচিগুলির সুবিধাভোগী কোনো ব্যক্তির বিরুদ্ধে, ইউনাইটেড স্টেটস-এ কাজ করার জন্য অনুমতিপ্রাপ্ত আইনসম্মতভাবে অভিযাসী হিসাবে স্বীকৃত সুবিধাভোগী ব্যক্তির নাগরিকস্বত্ব/অবস্থার উপর ভিত্তি করে, বা কোনোপকার WIOA শিরোনাম I-এর অধীনে আর্থিক সহায়তাপ্রাপ্ত কর্মসূচি বা ক্রিয়াকলাপে তার অংশগ্রহণের ভিত্তিতে। নিম্নলিখিত যে কোনো ক্ষেত্রে প্রাপক অবশ্যই বৈষম্য করবেন না: কোনো প্রকার WIOA শিরোনাম I-আর্থিক সহায়তাপ্রাপ্ত কর্মসূচি বা ক্রিয়াকলাপে তার অক্ষেত্রে কাকে স্থান দেওয়া হবে বা কার প্রবেশাধিকার থাকবে সেই সিদ্ধান্ত নেওয়ায়; এই ধরনের একটি কর্মসূচি বা ক্রিয়াকলাপের পরিচালনা বা এটির সাথে যুক্ত থাকা সংক্রান্ত কর্মনিয়োগের সিদ্ধান্তগ্রহণ করার ক্ষেত্রে প্রাপক অবশ্যই বৈষম্য করবেন না।

আপনি যদি মনে করেন যে আপনি বৈষম্যের শিকার হয়েছেন তাহলে কী করবেন

আপনি যদি মনে করেন যে একটি WIOA শিরোনাম I-আর্থিক সহায়তাপ্রাপ্ত কর্মসূচি বা ক্রিয়াকলাপ-এর আওতায় আপনি বৈষম্যের সম্মুখীন হয়েছেন তাহলে আপনি নিম্নোক্ত ব্যক্তির কাছে লঙ্ঘনটি ঘটার তারিখের 180 দিনের মধ্যে একটি অভিযোগ দাখিল করতে পারেন:



NEW YORK
STATE OF
OPPORTUNITY.

Department
of Labor

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

ফোন: (518) 457-1984
(TDD) 1-800-662-1220
(ভয়েস) 1-800-421-1220

অথবা আপনি সরাসরি নিম্নোক্ত ব্যক্তির কাছে একটি অভিযোগ দাখিল করতে পারেন:

Director

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

আপনি যদি প্রাপকের কাছে আপনার অভিযোগ দাখিল করেন, তাহলে প্রাপক যত দিন পর্যন্ত না একটি লিখিত চূড়ান্ত পদক্ষেপ সংক্রান্ত বিজ্ঞপ্তি (Notice of Final Action) দিচ্ছেন, সিভিল রাইটস সেটার (Civil Rights Center, CRC)-এর (ঠিকানা উপরে দেখুন) কাছে ফাইল করার আগে তত দিন অথবা 90 দিন অতিক্রান্ত না হওয়া পর্যন্ত (যেটি আগে হয়) আপনাকে অবশ্যই অপেক্ষা করতে হবে। যদি আপনার অভিযোগ দাখিল করার তারিখটি থেকে 90 দিনের মধ্যে প্রাপক আপনাকে একটি লিখিত চূড়ান্ত পদক্ষেপ সংক্রান্ত বিজ্ঞপ্তি না দেন, তাহলে CRC-এর কাছে একটি অভিযোগ দাখিল করার আগে সেই বিজ্ঞপ্তিটি প্রাপকের থেকে পাওয়ার জন্য আপনাকে অপেক্ষা করতে হবে না। তবে, 90-দিন সময়সীমার পরের 30 দিনের মধ্যে আপনাকে অবশ্যই আপনার CRC অভিযোগ দাখিল করতে হবে (অর্থাৎ, প্রাপকের কাছে আপনার অভিযোগটি দাখিল করার দিনটির পর থেকে 120 দিনের মধ্যে)। আপনার প্রাপক যদি আপনার অভিযোগের বিষয়ে আপনাকে একটি লিখিত চূড়ান্ত পদক্ষেপ সংক্রান্ত বিজ্ঞপ্তি না দেন, অথবা আপনি যদি সিদ্ধান্ত বা সমাধানটির বিষয়ে অসম্মত থাকেন, তাহলে আপনি CRC-এর কাছে একটি অভিযোগ দাখিল করতে পারেন। আপনি চূড়ান্ত পদক্ষেপ সংক্রান্ত বিজ্ঞপ্তিটি যে তারিখে পেয়েছেন তার 30 দিনের মধ্যে আপনার CRC অভিযোগটি আপনাকে অবশ্যই দাখিল করতে হবে।

JEDNAKE MOGUĆNOSTI *su ZAKONSKA OBAVEZA*

Za sve primaoce savezne finansijske pomoći protivzakonito je da vrše diskriminaciju:

protiv bilo koje osobe u Sjedinjenim Državama na osnovu rasne pripadnosti, boje kože, vjeroispovijesti, spola, nacionalnog porijekla, dobi, onesposobljenja, političkih opredjeljenja ili uvjerenja; te protiv bilo kojeg korisnika programâ koji se sufinansiraju u skladu s Poglavljem I Zakona o jednakim mogućnostima i inovacijama za zaposlene (Workforce Innovation and Opportunity Act, WIOA), na osnovu korisnikovog državljanstva/statusa legalnog imigranta koji ima pravo na rad u Sjedinjenim Državama ili na osnovu njegovog ili njenog učestvovanja u bilo kojem programu ili aktivnosti koji imaju finansijsku podršku u skladu s Poglavljem I zakona WIOA. Primalac ne smije vršiti diskriminaciju ni u jednoj od sljedećih oblasti: donošenje odluke o tome ko će biti primljen ili ko će imati pristup bilo kojem programu ili aktivnosti koja se sufinansira na temelju Poglavlja I zakona WIOA; pružanje mogućnosti za svaku osobu ili postupanje prema bilo kojoj osobi u vezi s takvim programom ili aktivnošću; ili donošenje odluka o zapošljavanju u području upravljanja ili u vezi s takvim programom ili aktivnošću.

Šta trebate uraditi ukoliko smatrate da ste izloženi diskriminaciji

Ukoliko smatrate da ste bili izloženi diskriminaciji u programu ili aktivnosti koje se sufinansiraju na temelju Poglavlja I zakona WIOA, možete podnijeti pritužbu u roku od 180 dana od datuma navodnog prekršaja obraćanjem na sljedeće adrese:



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

**BROJ TELEFONA: (518) 457-1984
(Telefon za gluhe) 1-800-662-1220
(GLAS) 1-800-421-1220**

ili pritužbu možete podnijeti direktnim
obraćanjem na adresu:

Director

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

Ukoliko pritužbu podnesete primaocu, trebate pričekati da on izda pismeno Obavještenje o konačnoj odluci (Notice of Final Action) ili da prođe 90 dana (šta god nastupi ranije), prije nego što pritužbu podnesete Centru za građanska prava (Civil Rights Center, CRC) (adresa je navedena iznad). Ako vam primalac ne dostavi pismeno Obavještenje o konačnoj odluci u roku od 90 dana od datuma podnošenja pritužbe, ne morate čekati da vam primalac dostavi to obavještenje prije nego što podnesete pritužbu CRC-u. Međutim, pritužbu morate podnijeti CRC-u u roku od 30 dana nakon isteka spomenutog roka od 90 dana (drugim riječima, u roku od 120 dana nakon što ste podnijeli pritužbu primaocu). Ukoliko vam primalac pošalje pismeno Obavještenje o konačnoj odluci o vašoj pritužbi, ali niste zadovoljni odlukom ili rješenjem, možete podnijeti pritužbu CRC-u. Pritužbu CRC-u morate uložiti u roku od 30 dana od datuma kad ste primili Obavještenje o konačnoj odluci.

机会均等 是法律要求

接受联邦财政援助的机构如有以下歧视行为，则属违法行为：

因种族、肤色、宗教、性别、原住国、年龄、残障、政治派别或信仰而歧视美国境内的任何个人；歧视依据《劳动力创新与机会法案》(Workforce Innovation and Opportunity Act, WIOA) 第I章获资助计划的任何受益人，歧视理由为受益人是否具有获许在美国工作的合法移民的公民资格/身份，或是否参与了任何依据 WIOA 第I章获资助的计划或活动。接受资助的机构在以下任何方面均不得有歧视行为：决定谁有资格参与或加入任何依据 WIOA 第I章获资助的计划或活动；提供此等计划或活动中的机会，或与此等计划或活动有关的对任何人的待遇；或者在此类计划或活动的管理中或相关事宜中做出雇用决定。

确认自己遭受歧视时应做些什么

如果您认为自己在依据 WIOA 第 I 章获资助的计划或活动中受到歧视，您可在涉嫌歧视行为发生之日起 180 天内向以下任何人提出投诉：



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

电话：(518) 457-1984
(听障专线) 1-800-662-1220
(语音) 1-800-421-1220

另外，也可向以下人员直接投诉：

Director

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

如向被资助机构投诉，则必须等被资助机构发出书面的《最终行动通知》(Notice of Final Action) 或投诉后满 90 天（以这两者中较早发生者为准），之后才能向公民权利中心(Civil Rights Center, CRC) 投诉（地址请见上方）。如被资助机构未在您提出投诉后 90 天之内向您发出书面的《最终行动通知》，则您无须等待被资助机构向您发出此通知，即可向 CRC 投诉。但是，您必须在 90 天期限届满后 30 天内向 CRC 提出投诉（换而言之，即您向被资助机构投诉后 120 天内）。如果被资助机构已就您的投诉向您发出书面形式的《最终行动通知》，但您对决定或解决办法不满意，也可向公民权利中心投诉。您必须在收到《最终行动通知》后 30 天内向 CRC 投诉。

*L'ÉGALITÉ DES CHANCES *est LA LOI**

Il est illégal pour le destinataire d'une subvention fédérale de pratiquer une discrimination sur les bases suivantes :

contre tout individu aux États-Unis, pour des raisons de race, couleur, religion, sexe, origine nationale, âge, infirmités, affiliations ou idées politiques ; et contre tout bénéficiaire de programmes subventionnés selon l'Article I de la Loi sur l'innovation et les opportunités pour la main-d'œuvre (Workforce Innovation and Opportunity Act, WIOA), en raison du statut ou de la citoyenneté du bénéficiaire en tant qu'immigrant légalement admis et autorisé à travailler aux États-Unis, ou de sa participation à tout programme ou activité subventionné(e) selon l'Article I de la loi WIOA. Le destinataire ne doit exercer aucune discrimination dans les domaines suivants : décider qui sera admis, ou aura accès, à l'un quelconque des programmes ou activités subventionnés selon l'Article I de la loi WIOA ; offrir des opportunités ou traiter toute personne au titre d'un tel programme ou d'une telle activité ; ou prendre des décisions d'emploi dans l'administration ou en liaison avec un tel programme ou activité.

Que faire si vous croyez avoir été victime de discrimination

Si vous croyez avoir été victime de discrimination dans un programme ou une activité subventionnée selon l'Article I de la loi WIOA, vous pouvez déposer une plainte dans un délai de 180 jours à compter de la date de la violation alléguée auprès du :



NEW YORK
STATE OF
OPPORTUNITY™

**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

TÉLÉPHONE : (518) 457 1984
(ATS) 1 800 662 1220
(VOIX) 1 800 421 1220

ou directement auprès du :

Director

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

Si vous déposez votre plainte auprès du destinataire, vous devez attendre soit que celui-ci ait envoyé un Avis d'action finale (Notice of Final Action) écrit, soit qu'un délai de 90 jours se soit écoulé (suivant celui qui arrive à échéance en premier), avant de la déposer auprès du Centre des droits civils (Civil Right Center, CRC) (voir adresse ci-dessus). Si le destinataire ne vous donne pas d'Avis d'action finale écrit dans un délai de 90 jours à compter du jour auquel vous avez déposé votre plainte, vous n'avez pas besoin d'attendre que le destinataire ait envoyé cet Avis avant de déposer votre plainte auprès du CRC. Vous devez par contre déposer votre plainte auprès du CRC dans un délai de 30 jours après ces 90 jours (autrement dit dans un délai de 120 jours à compter du jour auquel vous avez déposé votre plainte auprès du destinataire). Si le destinataire vous donne un Avis d'action finale écrit sur votre plainte, et que vous n'êtes pas satisfait de la décision ou résolution, vous pouvez déposer une plainte auprès du CRC. Vous devez déposer votre plainte auprès du CRC dans un délai de 30 jours à compter de la date à laquelle vous avez reçu l'Avis d'action finale.

OPÒTINITE EGALEGO se LALWA

Lalwa pa dakò pou fè diskriminasyon kont tout moun k ap resevwa èd finansye pou yo sou baz ki endike anba la a:

Diskriminasyon kont nenpòt moun ki nan Etazini, sou baz ras, koulè, reliyon, sèks, peyi kote moun nan soti, laj, andikap, afilyasyon oswa konviksyon politik; epi kont nenpòt moun ki nan pwogram ki jwenn èd finansye anba Tit I Inovasyon Mendèv ak Opòtinite Egalego pou Tout Moun (Workforce Innovation and Opportunity Act, WIOA), sou baz sitwayènte/sityasyon moun k ap resevwa èd la kòm yon imigran yo kite nan peyi a epi ki gen otorizasyon pou travay nan Etazini, oswa patisipasyon li nan nenpòt pwogram oswa aktivite ki jwenn èd finansye anba Tit I WIOA. Moun k ap resevwa èd la pa dwe viktим diskriminasyon nan okenn nan domèn sa yo: Deside kimoun k ap jwenn admisyon, oswa k ap gen aksè, nan nenpòt pwogram oswa aktivite ki jwenn èd finansye anba Tit I WIOA; bay opòtinite nan yon pwogram oswa aktivite oswa trete nenpòt moun anrapò avèk yon pwogram oswa aktivite; oswa pran desizyon sou travay nan administrasyon yon pwogram oswa aktivite oswa anrapò avèk yon pwogram oswa aktivite.

Sa pou Fè Si Ou Kwè Ou Viktim Diskriminasyon

Si ou panse ou te viktим diskriminasyon anba yon pwogram oswa aktivite ki resevwa èd finansye anba Tit I WIOA, ou ka depoze yon plent pou sa nan 180 jou apati dat ou sipoze vyolasyon an te fèt la avèk swa:



NEW YORK
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Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

TELEFÒN: (518) 457-1984
(TDD) 1-800-662-1220
(POU PALE) 1-800-421-1220

oswa ou ka fè yon plent dirèkteman ba:

Director

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

Si ou depoze plent ou avèk moun k ap resevwa èd la, ou dwe rete tann swa jouk lè moun k ap resevwa èd la bay yon Avi alekri pou Aksyon Final (Notice of Final Action), oswa jouk lè 90 jou pase (kèlkeswa sa ki rive anvan an), anvan ou depoze plent ou nan Sant pou Dwa Sivil (Civil Rights Center, CRC) (gade adrès ki anwo a). Si moun k ap resevwa èd la pa ba ou yon Avi alekri sou Aksyon Final la nan 90 jou apre jou ou te depoze plent ou, ou pa gen pou rete tann moun k ap resevwa èd la bay Avi a anvan ou depoze yon plent nan CRC. Men, ou dwe poze plent CRC ou nan 30 jou apre dat limit sou 90 jou a (sa vle di, nan 120 jou apre jou lè ou te depoze plent ou avèk moun k ap resevwa èd la). Si moun k ap resevwa èd la ba ou yon Avi alekri sou Aksyon Final ou plent ou, men ou pa satisfè avèk desizyon an oswa avèk rezolisyon an, ou ka depoze yon plent avèk CRC. Ou dwe depoze plent CRC ou nan 30 jou apre dat lè ou te resevwa Avi pou Aksyon Final la.

LA PARI OPPORTUNITÀ è LEGGE

La legge proibisce a tutte le aziende che ricevono sostegno finanziario federale di discriminare:

persone presenti negli Stati Uniti, sulla base di razza, colore della pelle, religione, sesso, origine nazionale, età, disabilità, affiliazione o credo politico, e qualsiasi beneficiario di programmi di sostegno finanziario erogati ai sensi del Titolo I della legge sugli investimenti e le opportunità per la forza lavoro (Workforce Innovation and Opportunity Act, WIOA), sulla base della cittadinanza o dello status di immigrato regolarmente riconosciuto per lo svolgimento di attività lavorative negli Stati Uniti o per la partecipazione a programmi o attività di sostegno finanziario ai sensi del Titolo I della WIOA. L'azienda che riceve sostegno finanziario non deve discriminare in alcuno dei seguenti casi: al momento di decidere chi sarà ammesso, o avrà accesso, a un programma o attività di sostegno finanziario ai sensi del Titolo I della WIOA; al momento di offrire l'opportunità, o di valutare una persona, per la partecipazione a un tale programma o attività; o al momento di assumere decisioni di impiego nell'amministrazione di, o in relazione a tale programma o attività.

Che cosa fare se ritenete di avere subito una discriminazione

Se ritenete di aver subito una discriminazione nell'ambito di un programma o di un'attività finanziata ai sensi del Titolo I della WIOA, potete presentare ricorso entro 180 giorni dalla data della presunta violazione presso:



NEW YORK
STATE OF
OPPORTUNITY.

**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

TEL.: (518) 457-1984
(TDD) 1-800-662-1220
(VOCE) 1-800-421-1220

o presentare ricorso direttamente a:

Director

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

Se presentate ricorso alla Divisione per lo Sviluppo delle Pari Opportunità, dovrete attendere che quest'ultima rilasci per iscritto una notifica di azione finale (Notice of Final Action) o che trascorrano 90 giorni (a seconda della circostanza che si verifica per prima), prima di presentare ricorso al Centro per i Diritti Civili (Civil Rights Center, CRC) (vedere indirizzo in alto). Se la divisione non vi consegna la notifica di azione finale entro 90 giorni dalla presentazione del ricorso, non dovete attendere il rilascio della notifica prima di presentare ricorso al CRC. È necessario tuttavia che presentiate il ricorso al CRC entro 30 giorni dalla scadenza dei 90 giorni (in altri termini, entro 120 giorni dalla data di presentazione del reclamo alla divisione). Se la divisione vi consegna una notifica di azione finale per il ricorso presentato, ma non siete soddisfatti della decisione o della risoluzione, potete presentare ricorso al CRC. Il ricorso al CRC andrà presentato entro 30 giorni dalla data in cui avete ricevuto la notifica di azione finale.

평등한 기회는 법입니다

연방 재정 지원 대상자를 다음과 같은 근거로 차별하는 것은 불법입니다.

미국의 모든 개인에 대하여 인종, 피부색, 종교, 성별, 출신 국가, 연령, 장애, 정치적 소속이나 신념을 근거로 차별을 기하는 행위, 노동력 혁신기회법(Workforce Innovation and Opportunity Act, WIOA) 제 1장에 따라 재정 지원을 받는 프로그램 수혜자에 대하여 수혜자의 시민권, 미국 내에서 근로가 가능한 합법적 이민자 지위, WIOA 제1장 재정 지원 프로그램이나 활동 참여를 이유로 차별을 가하는 행위. 해당 지원 대상자는 다음과 같은 부문에 있어서 차별을 두어서는 안됩니다. WIOA 제1장의 재정 지원 프로그램이나 활동의 참가자나 대상자의 결정, 해당 프로그램이나 활동에 관한 기회 제공 또는 해당자 처우, 해당 프로그램이나 활동의 운영이나 관련 고용 문제에 대한 의사결정.

차별 대우를 받은 경우 취할 수 있는 방법

WIOA 제 1장의 재정 지원 프로그램이나 활동에 있어 차별 대우를 받았다고 간주될 경우, 해당 위반 발생일로부터 180일 이내에 다음으로 고발 하십시오.



NEW YORK
STATE OF
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Department
of Labor

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

전화: (518) 457-1984
(TDD) 1-800-662-1220
(음성 사서함) 1-800-421-1220

또는 다음으로 고발사항을 직접
신고하셔도 됩니다.

Director

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

재정지원 대상기관에 신고한 경우에는 반드시 해당기관의 서면 결과통지서(Notice of Final Action)를 수령하거나 90일이 경과될 때까지(두 가지 중 빠른 날짜가 도래할 때까지) 기다린 후에 시민권리센터(Civil Rights Center, CRC) (상기 주소 참조)에 신고하여야 합니다. 신고 후 90일이 경과될 때까지 해당 기관이 결과통지서를 발송하지 않은 경우에는 더 이상 기다릴 필요 없이 CRC에 고발하셔도 됩니다. 그러나 90일이 경과한 후 30일 이내(즉, 해당 기관에 신고한 날로부터 120일 이내)에 CRC에 신고하셔야 합니다. 고발 사항에 대한 해당 기관의 서면 결과 통지서를 받았으나 결과나 해결책에 만족하지 않을 경우에는 CRC에 다시 신고하셔도 됩니다. 이 경우에도 서면 통지를 받은 후 30일이 경과하기 전에 CRC에 고발하셔야 합니다.

RÓWNO- UPRAWNIENIE jest PRAWEM

Niezgodne z prawem jest, aby odbiorca federalnej pomocy finansowej dyskryminował:

jakąkolwiek osobę w Stanach Zjednoczonych z powodu rasy, koloru skóry, wyznania, płci, narodowości, wieku, niepełnosprawności, przynależności lub przekonań politycznych; a także któregośkolwiek beneficjenta programów wsparcia finansowego z tytułu Rozdziału I ustawy o innowacyjności i stwarzaniu możliwości dla siły roboczej (Workforce Innovation and Opportunity Act – WIOA) z powodu jego obywateleństwa / statusu emigranta posiadającego prawo do zatrudnienia w Stanach Zjednoczonych lub jego udziału w dowolnym wspieranym finansowo programie lub działalności zgodnie z Rozdziałem I WIOA. Odbiorca nie może dyskryminować w żadnym z poniższych zakresów: podczas podejmowania decyzji, kto będzie dopuszczony lub otrzyma dostęp do jakiegokolwiek programu lub działalności wspieranej finansowo zgodnie z Rozdziałem I WIOA; w procesie tworzenia możliwości korzystania z lub traktowania takiej osoby w odniesieniu do takiego programu lub działalności; lub też przy podejmowaniu decyzji o zatrudnieniu w procesie zarządzania, czy też w związku z takim programem lub działalnością.

Co zrobić w przypadku doświadczania dyskryminacji

W przypadku przekonania o dyskryminacji w odniesieniu do programu lub działalności finansowanej zgodnie z Rozdziałem I WIOA istnieje możliwość złożenia skargi w ciągu 180 dni od tego domniemanego naruszenia do:



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

**NR TEL.: (518) 457-1984
(TELEFON DLA GŁUCHONIEMYCH)
1-800-662-1220
(POCZTA GŁOSOWA) 1-800-421-1220**

lub bezpośrednio do:

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

W przypadku złożenia skargi u odbiorcy należy poczekać na pisemne powiadomienie o ostatecznej decyzji (Notice of Final Action) lub aż minie 90 dni (którekolwiek nastąpi wcześniej) przed złożeniem skargi do Centrum Praw Obywatelskich (Civil Rights Center – CRC) (adres podany powyżej). Jeśli odbiorca nie dostarczy pisemnego powiadomienia o ostatecznej decyzji w ciągu 90 dni od dnia, w którym złożono skargę, nie trzeba czekać aż odbiorca wyda decyzję przed złożeniem skargi do CRC. Należy jednak złożyć skargę do Centrum w ciągu 30 dni od czasu upłynięcia wymaganych 90 dni (tzn. przed upływem 120 dni od dnia złożenia skargi do odbiorcy). Jeśli odbiorca dostarczy pisemne powiadomienie o ostatecznej decyzji, jednak nie jest to decyzja lub rozwiązanie satysfakcjonujące, można złożyć skargę do CRC. Skargę do CRC należy złożyć w ciągu 30 dni od daty otrzymania powiadomienia o ostatecznej decyzji.

РАВНЫЕ ВОЗМОЖНОСТИ — это ЗАКОН

Дискриминация со стороны получателей Федеральной финансовой помощи по указанным ниже основаниям является противозаконной.

Против любого лица в США на основании расовой принадлежности, цвета кожи, вероисповедания, пола, национального происхождения, возраста, инвалидности, политической принадлежности или убеждений; а также против любого пользующегося льготами участника программ, получающих финансовую помощь в соответствии с Титулом I Закона об инновациях в сфере занятости и новых возможностях труда (Workforce Innovation and Opportunity Act, WIOA), на основании наличия у участника гражданства / статуса легального иммигранта, имеющего право работать в США, или его либо ее участия в любой программе или мероприятии, получающем финансовую помощь в соответствии с Титулом I закона WIOA. Получатель не должен проводить дискриминацию в следующих областях: при принятии решения о том, кто будет принят или получит доступ к любой программе или мероприятию, получающему финансовую помощь в соответствии с Титулом I закона WIOA; при предоставлении возможности или обращении с любым человеком в связи с участием в такой программе или мероприятии; при принятии решений о трудаустройстве в процессе проведения такой программы или мероприятия или в связи с ними.

Как поступить, если вы считаете, что подверглись дискриминации?

Если вы считаете, что подверглись дискриминации в связи с программой или мероприятием, получающим финансовую помощь в соответствии с Титулом I закона WIOA, вы можете подать жалобу в течение 180 дней с момента предполагаемого нарушения, обратившись по одному из следующих адресов:



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

**ТЕЛЕФОН: (518) 457-1984
(ЛИНИЯ TDD) 1-800-662-1220
(ГОЛОСОВАЯ ЛИНИЯ) 1-800-421-1220**

или вы можете подать жалобу напрямую:

Director

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

Если вы подали жалобу получателю, вы должны подождать, пока получатель не издаст письменное Уведомление об окончательных мерах (Notice of Final Action) или пока не пройдет 90 дней (в зависимости от того, что быстрее), прежде чем подавать жалобу в Центр по гражданским правам (Civil Rights Center, CRC) (смотрите адрес выше). Если получатель не предоставит вам письменное Уведомление об окончательных мерах в течение 90 дней со дня подачи вашей жалобы, вы не должны ждать, пока получатель издаст Уведомление, прежде чем подать жалобу в CRC. Однако вы должны подать свою жалобу в CRC в течение 30 дней после 90-дневного срока (другими словами, в течение 120 дней со дня подачи вашей жалобы получателю). Если получатель все-таки предоставит вам письменное Уведомление об окончательных мерах в отношении вашей жалобы, но вы не удовлетворены решением или принятыми мерами, вы можете подать жалобу в CRC. Вы должны подать жалобу в CRC в течение 30 дней с даты, когда вы получили Уведомление об окончательных мерах.

IGUALDAD DE OPORTUNIDAD es LA LEY

Es Contra la ley que cualquier recipiente de ayuda financiera del gobierno federal discrimine en los siguientes casos:

Contra cualquier persona en los Estados Unidos por razón de raza, color, religión, sexo, país de origen, edad, discapacidad, afiliación o creencia política; asimismo le está prohibido discriminar contra cualquier beneficiario de programas financiados bajo el Título I de la Ley de Innovación y Oportunidades en la Fuerza Laboral (Workforce Innovation and Opportunity Act, WIOA) por razón de su ciudadanía o su estado como inmigrante legalmente admitido y autorizado para trabajar en los Estados Unidos, o por su participación en cualquier programa o actividad financiado bajo el Título I de la ley WIOA. El beneficiario no puede discriminar en ninguna de las siguientes áreas: al decidir quién será aceptado o quién tendrá acceso a cualquier programa o actividad financiado bajo el Título I de la ley WIOA; al dar oportunidad o al tratar a cualquier persona con respecto a dicho programa o actividad; al tomar decisiones sobre empleos en la administración de, o en relación con, dicho programa o actividad.

Qué debe hacer si cree que ha sido discriminado

Si usted piensa que ha sido discriminado en cualquier programa o actividad financiado por el Título I de la ley WIOA, puede presentar una queja en un plazo de 180 días contados a partir de la fecha en que ocurrió la supuesta violación, con cualquiera de las siguientes personas:



**Department
of Labor**

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

**TELÉFONO: (518) 457-1984
(IMPEDIMENTOS AUDITIVOS—TDD)
1-800-662-1220
(VOZ) 1-800-421-1220**

Usted también puede presentar una queja directamente con:

Director

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

Si usted presenta su queja directamente con el recipiente usted tiene que esperar hasta que el recipiente emita un Aviso de Decisión Final (Notice of Final Action) por escrito o hasta que hayan transcurrido 90 días (lo que ocurra primero), antes de presentar su queja con el Centro de Derechos Civiles (Civil Rights Center, CRC) (vea la dirección arriba). Si el recipiente no le da a usted un Aviso de Decisión Final por escrito dentro de los 90 días después de la fecha de su queja, usted no necesita esperar que se emita el Aviso de Decisión Final para presentar una queja con el CRC. Sin embargo, usted tiene que presentar su queja con el CRC dentro de 30 días después de los 90 días iniciales (o sea dentro de 120 días después que presentó su queja por primera vez). Si el recipiente le da a usted el Aviso de Decision Final por escrito pero usted no está satisfecho con la decisión o resolución, usted puede presentar una queja con el CRC. En este caso usted tiene que presentar su queja dentro de los 30 días siguientes después de que recibió el Aviso de Decisión Final.

CƠ HỘI BÌNH ĐẲNG là LUẬT PHÁP

Tất cả các nơi nhận hỗ trợ tài chính Liên Bang sẽ bị coi là vi phạm pháp luật nếu phân biệt đối xử dựa trên các cơ sở sau đây:

Phân biệt đối xử đối với bất kỳ cá nhân nào tại Hoa Kỳ dựa trên chủng tộc, màu da, tôn giáo, giới tính, nguồn gốc quốc gia, tuổi tác, khuyết tật, liên kết chính trị hoặc quan điểm chính trị; và phân biệt đối xử đối với bất kỳ người nào được nhận trợ cấp trong các chương trình được hỗ trợ tài chính theo Tiêu đề I của Đạo Luật Cơ Hội và Đổi Mới cho Nhân Lực (Workforce Innovation and Opportunity Act, WIOA), dựa trên quốc tịch/tình trạng là người nhập cư hợp pháp được phép làm việc tại Hoa Kỳ của người được nhận trợ cấp, hoặc việc người đó tham gia vào bất kỳ hoạt động hoặc chương trình nào được hỗ trợ tài chính theo Tiêu đề I của Đạo Luật WIOA. Nơi nhận trợ cấp không được phân biệt đối xử trong các vấn đề sau đây: Quyết định ai sẽ được tiếp nhận, hoặc có thể tiếp cận hoạt động hoặc chương trình được hỗ trợ tài chính theo Tiêu đề I của Đạo Luật WIOA; tạo cơ hội, hoặc ưu tiên cho bất kỳ người nào về chương trình hoặc hoạt động đó; hoặc ra các quyết định về việc làm trong khi điều hành hoặc liên quan đến hoạt động hoặc chương trình đó.

Những Điều Cần Làm Khi Quý Vị Tin Rằng Mình Đã Bị Phân Biệt Đối Xử

Nếu quý vị nghĩ rằng quý vị bị phân biệt đối xử trong một hoạt động hoặc chương trình được hỗ trợ tài chính theo Tiêu đề I của Đạo luật WIOA, quý vị có thể khiếu nại tới một trong những người sau đây trong vòng 180 ngày kể từ ngày xảy ra hành động bị cáo buộc là vi phạm:



Department
of Labor

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

SỐ ĐIỆN THOẠI: (518) 457-1984
(TDD) 1-800-662-1220
(THƯ THOẠI) 1-800-421-1220

hoặc quý vị có thể khiếu nại trực tiếp với:

Director

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

Nếu quý vị khiếu nại với nơi nhận trợ cấp, quý vị phải chờ cho tới khi nơi nhận trợ cấp đó đưa ra Thông Báo về Hành Động Cuối Cùng (Notice of Final Action) bằng văn bản, hoặc sau 90 ngày (thời hạn nào xảy ra trước sẽ áp dụng) rồi mới được khiếu nại với Trung Tâm Dân Quyền (Civil Rights Center, CRC) (vui lòng xem địa chỉ ở trên). Nếu nơi nhận trợ cấp không cung cấp cho quý vị Thông Báo về Hành Động Cuối Cùng bằng văn bản trong vòng 90 ngày kể từ ngày quý vị khiếu nại, quý vị không bắt buộc phải chờ cho tới khi nơi nhận trợ cấp đó đưa ra Thông Báo này thì mới được khiếu nại với CRC. Tuy nhiên, quý vị phải khiếu nại với CRC trong vòng 30 ngày kể từ khi kết thúc thời hạn 90 ngày (nói cách khác, trong vòng 120 ngày kể từ sau ngày quý vị khiếu nại với nơi nhận trợ cấp). Nếu nơi nhận trợ cấp đưa cho quý vị Thông Báo về Hành Động Cuối Cùng cho khiếu nại của quý vị, nhưng quý vị không hài lòng về quyết định hoặc cách giải quyết đó, thì quý vị có thể khiếu nại với CRC. Quý vị phải khiếu nại với CRC trong vòng 30 ngày kể từ ngày quý vị nhận được Thông Báo về Hành Động Cuối Cùng.

**Complaint Information Form**

Instructions: Please complete Questions 1-7. If you feel you have been discriminated against, also fill out Questions 8-12. When you are done, go to Question 13, sign and date. If needed, the person handling your complaint will assist you in completing this form. Send to: NYS Department of Labor, Division of Equal Opportunity Development, State Office Campus, Building 12, Room 540, Albany, NY 12240.

1. **Complainant** First name _____ MI _____ Last name _____

Address _____ City _____ State _____ Zip _____

SSN _____ Home telephone (____) _____ Work telephone (____) _____

E-mail address _____ Are you a NYS DOL employee? Yes No

2. **Respondent** Agency, employer or employee you are making complaint against _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

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

4. Briefly describe as clearly as possible your area of concern. If you believe you were discriminated against, please describe in detail how you were discriminated against. Attach additional sheets if required. Also, attach any written material pertaining to your case.

a. What happened? _____

12. For each agency checked in #11, please provide the following information:

Agency _____ Date filed _____
Case or docket no. _____
Date of trial or hearing _____
Location of agency or court _____
Name of investigator _____
Status of case _____
Comments _____

Agency _____ Date filed _____
Case or docket no. _____
Date of trial or hearing _____
Location of agency or court _____
Name of investigator _____
Status of case _____
Comments _____

13. 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

For New York State Department of Labor Staff Only

14. Type of complaint. Check **all** that apply.

Wage related Pesticides Child labor
 Health/safety Working conditions Housing
 Discrimination Other _____

15. ES related?

Yes No If "Yes," Job Order Number _____
 Against employment service? Against employer?
 Alleged violation of ES regulations? Alleged violation of Employment laws?
 MSFW with complaint concerning laws enforced by NYS Labor Standards or OSHA?

16. MSFW?

Yes No

17. Out of state employer?

Yes No

18. H-2A/Criteria employer?

US domestic worker H-2A worker Wages Housing
 Transportation Meals Other (specify) _____

19. Referred to

NYS EO Officer ESA OSHA
 NYS Monitor Advocate NYS Labor Standards Other _____

If "Other," agency name _____ Telephone (_____) _____

Address _____ City _____ State _____ Zip _____

20. Follow up?

Yes No If "Yes," Monthly Quarterly Follow up date _____

Comments _____

21. Person receiving complaint _____ Title _____
Office _____ Telephone (_____) _____

Signature

Date

For United States Department of Labor Staff Only

22.

Case Number _____

CIF received by CRC

Accepted Not accepted

Comments _____

Received by

Date



New York State Department of Labor
Formulario para informar Quejas

Nº de QUEJA _____

Instrucciones: Sírvase completar las preguntas del 1 al 7. Si considera que ha sido discriminado, complete también las preguntas del 8 al 12. Cuando finalice, continúe con la pregunta 13, firme e incluya la fecha. Si necesita ayuda, la persona que atiende su queja lo ayudará a completar el formulario. Enviar a: NYS Department of Labor, Division of Equal Opportunity Development, State Office Campus, Building 12, room 540, Albany, NY 12240.

Primer Inicial del segundo
1. **Demandante:** Nombre _____ Nombre _____ Apellido _____

Domicilio _____ Ciudad _____ Estado _____ Código Postal _____

Nº de SS _____ No. de teléfono de la casa () _____ Teléfono del trabajo () _____

Dirección correo electrónico _____ ¿Es usted empleado del Departamento de Trabajo de NYS? Si No

2. **Demandado:** Agencia, Empleado o Empleador contra el que realiza la queja. _____

Domicilio _____ Ciudad _____ Estado _____ Código Postal _____

Teléfono () _____

3. ¿Cuál es el horario más conveniente para comunicarse con usted sobre esta queja? _____

4. Describa brevemente y con claridad la situación que lo afecta. Si piensa que ha sido discriminado, sírvase describir en detalle en qué forma sucedió. Agregue hojas si le hacen falta. Incluya además cualquier otro material escrito relevante a su caso.

a. ¿Qué sucedió? _____

b. Personas que participaron. Incluya testigos, compañeros de trabajo, supervisores u otras personas. Proporcione nombres, direcciones y números de teléfono, si los conoce. _____

c. ¿Cuándo y dónde sucedió (incluya la fecha)? _____

d. ¿En qué forma sufrió un trato diferente? _____

5. ¿Cómo le gustaría resolver esta queja? _____

6. ¿Se le ofrecieron servicios de empleo? Si No

7. ¿Considera que fue **discriminado**? No Si respondio si, conteste las preguntas del numero 8 – 12. Si no, vaya al numero 13.

8. Marcar **TODAS** las que correspondan.

Raza (especificar) _____
 Religión (especificar) _____
 Sexo Masculino Femenino
 Discapacidad (especificar) _____
 Ciudadanía (especificar) _____
 Acoso sexual (especificar) _____
 Edad (especificar fecha de nacimiento) _____
 Filiación política (especificar) _____
 Represalia/Venganza (especificar) _____
 Represalia/Venganza (especificar) _____

Color (especificar) _____
 País de origen (especificar) _____
 Antecedentes de arresto y condena (especificar) _____
 Estado civil (especificar) _____
 Predisposición genética y Condición de portador (especificar) _____
 Condición de veterano (especificar) _____
 Orientación sexual (especificar) _____
 Orientación sexual (especificar) _____
 Víctimas de la Violencia Doméstica _____
 Otro (especificar) _____

9. ¿Por qué cree que se produjeron estos hechos? _____

10. ¿Tienen un abogado u otro representante con relación a esta queja? Si No Si respondió sí, por favor informe:

Nombre _____ Nº de teléfono () _____

Dirección _____ Ciudad _____ Estado _____ Código Postal _____

11. Con relación a este incidente, ¿presentó un caso o queja ante alguna de las siguientes agencias?

División de Derechos Humanos - Depto. de Justicia de EE.UU. Div. Desarrollo de Igualdad de Oportunidades - Depto de Trabajo
 Comisión de Igualdad de Oportunidad de Empleo de EE.UU. División de Derechos Humanos de NYS
 Centro de Derechos Civiles del Depto. de Trabajo de EE.UU. Corte Federal o del Estado
 Otro

12. Para cada agencia marcada en la pregunta #11, proporcione la siguiente información:

| | | | |
|---------------------------------------|------------------------|---------------------------------------|------------------------|
| Agencia _____ | Fecha Presentada _____ | Agencia _____ | Fecha Presentada _____ |
| Nº de Caso o Registro _____ | | Nº de Caso o Registro _____ | |
| Fecha de Juicio o Audiencia _____ | | Fecha de Juicio o Audiencia _____ | |
| Ubicación de la Agencia o Corte _____ | | Ubicación de la Agencia o Corte _____ | |
| Nombre del Investigador _____ | | Nombre del Investigador _____ | |
| Condición del Caso _____ | | Condición del Caso _____ | |
| Comentarios _____ | | Comentarios _____ | |

13. Por la presente certifico que la información que antecede es verdadera y completa a mi mejor saber y entender. Autorizo la divulgación de esta información a las agencias del orden público para la debida investigación de mi queja. Entiendo que, en la medida posible, mi identidad se mantendrá confidencial en la máxima medida posible según lo permita la ley y con el fin de llegar a una resolución justa de mi queja.

Firma del Demandante

Fecha

PARA USO EXCLUSIVO DEL PERSONAL DEL DEPARTAMENTO DE TRABAJO DEL ESTADO DE NUEVA YORK
FOR NEW YORK STATE DEPARTMENT OF LABOR STAFF USE ONLY.

14. Type of complaint. Check **all** that apply.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Wage related | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Child labor |
| <input type="checkbox"/> Health/safety | <input type="checkbox"/> Working conditions | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Other _____ | |

15. ES related?

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If "Yes," Job Order Number _____ |
| <input type="checkbox"/> Against employment service? | | <input type="checkbox"/> Against employer? |
| <input type="checkbox"/> Alleged violation of ES regulations? | | <input type="checkbox"/> Alleged violation of Employment laws? |
| <input type="checkbox"/> MSFW with complaint concerning laws enforced by NYS Labor Standards or OSHA? | | |

16. MSFW?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

17. Out of state employer?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

18. H-2A/Criteria employer?

- | | | | |
|---|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> US domestic worker | <input type="checkbox"/> H-2A worker | <input type="checkbox"/> Wages | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Meals | <input type="checkbox"/> Other (specify) _____ | |

19. Referred to

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> NYS EO Officer | <input type="checkbox"/> ESA | <input type="checkbox"/> OSHA |
| <input type="checkbox"/> NYS Monitor Advocate | <input type="checkbox"/> NYS Labor Standards | <input type="checkbox"/> Other _____ |

If "Other," agency name _____ Telephone (_____) _____

Address _____ City _____ State _____ Zip _____

20. Follow up?

- | | | | | |
|------------------------------|-----------------------------|--|------------------------------------|----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If "Yes," <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | Follow up date _____ |
|------------------------------|-----------------------------|--|------------------------------------|----------------------|

Comments _____

21. Person receiving complaint _____ Title _____
Office _____ Telephone (_____) _____

Signature

Date

PARA USO EXCLUSIVO DEL PERSONAL DEL DEPARTAMENTO DE TRABAJO DE LOS ESTADOS UNIDOS
FOR UNITED STATES DEPARTMENT OF LABOR STAFF USE ONLY

22.

CIF received by CRC

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Not accepted |
|-----------------------------------|---------------------------------------|

Case Number _____

Comments _____

Received by _____ **Date** _____

*Programa /Empleador Igualdad de Oportunidades de Empleo
Dispositivos y servicios auxiliares disponibles para personas con incapacidades.*

**Depatman Travay nan Eta Nouyòk (New York State Department of Labor)**

Fòm pou Pote Plent (Complaint Information Form)

No Plent Ian

ESPLIKASYON: Tanpri reponn kesyon 1-7. Si w panse yo fè diskriminasyon kont ou, reponn kesyon 8-12 tou. Lè w fini, ale nan kesyon 13, siyen epi mete dat la. Si l'nesesè, moun kap travay sou plent lan, va ede w ranpli fòm sa a. Voye bay: NYS Department of Labor, Division of Equal Opportunity Development, State Office Campus, Building 12, Room 540, Albany, NY 12240.

| | |
|---|---|
| 1. Moun ki pote Plent lan | Prenon _____ Inisyal Dezyèm _____ Adrès _____ Vil _____ Eta _____ Kòd Postal _____ No. Sekrite Sosyal _____ Téléfòn lakay ou (_____) _____ Téléfòn travay ou (_____) _____ Adrès imèl ou _____ Èske w se yon anplwaye Depatman Travay nan Eta Nouyòk? <input type="checkbox"/> Wi <input type="checkbox"/> Non |
| 2. Defandè Ajans, Anplwaye, oswa Konpayi wap pote plent pou li a. _____ Adrès _____ Vil _____ Eta _____ Kòd Postal _____ Téléfòn (_____) _____ | |
| 3. Ki lè ki pi pratik pou nou kontakte w pou plent sa a? | |
| 4. Bay yon deskripsyon brèf epi nan jan ki pì klè posib la sou bagay ki ba w enkyetid la. Si w panse yo fè diskriminasyon kont ou, tanpri dekri an detay kouman yo fè diskriminasyon kont oumenm lan. Sèvi ak fèy papye anplis si l'nesesè. Epi mete nenpòt materyèl ekri ki gen rapò ak ka w la. | |
| a. Kisa ki tepase? _____ _____ | |
| b. Kiyès ki te patisipe? Mete temwen, lòt anplwaye nan travay la, sipèviziè, oswa lòt moun. Bay non, adres ak nimewo téléfòn, si w konnen yo. _____ | |
| c. Ki lè epi ki kote sa te fèt (mete dat la)? _____ _____ | |
| d. Nan ki sans yo te trete w yon jan ki diferan? _____ _____ | |
| 5. Kouman ou ta renmen pou yo rezoud plent sa a? _____ _____ | |
| 6. Èske yo te ofri w sèvis pou ede w ak travay? <input type="checkbox"/> Wi <input type="checkbox"/> Non | |
| 7. Èske w panse yo fè diskriminasyon kont ou? <input type="checkbox"/> Wi <input type="checkbox"/> Non Si w di wi, reponn #8-12; Si w di non, al nan #13. | |
| 8. Tcheke TOUT sa ki gen rapò avèk ou. | |
| <input type="checkbox"/> Ras (byen presize) _____ | <input type="checkbox"/> Koulè (byen presize) _____ |
| <input type="checkbox"/> Relijyon (byen presize) _____ | <input type="checkbox"/> Peyi kote w soti (byen presize) _____ |
| <input type="checkbox"/> Sèks <input type="checkbox"/> Gason <input type="checkbox"/> Fanm | <input type="checkbox"/> Dosye arestasyon ak kondanasyon (byen presize) _____ |
| <input type="checkbox"/> Enfimite (byen presize) _____ | <input type="checkbox"/> Eta sivil (byen presize) _____ |
| <input type="checkbox"/> Sitwayènte (byen presize) _____ | <input type="checkbox"/> Predispozisyon jenetik & kondisyon kòm moun ki pote jèm maladi (byen presize) _____ |
| <input type="checkbox"/> Anmèdman seksyèl (byen presize) _____ | <input type="checkbox"/> Pozisyon kòm veteran (byen presize) _____ |
| <input type="checkbox"/> Laj (bat dat nesans lan) _____ | <input type="checkbox"/> Preferans seksyèl (byen presize) _____ |
| <input type="checkbox"/> Afilyasyon politik (byen presize) _____ | <input type="checkbox"/> Víktim Vyolans Domestik _____ |
| <input type="checkbox"/> Vanjans/Revanj (byen presize) _____ | <input type="checkbox"/> Lòt rezon (byen presize) _____ |
| 9. Poukisa w kwè ensidan sa yo te rive? _____ | |
| 10. Eke w gen yon avoka oswa yon lòt reprezentan pou plent sa a? <input type="checkbox"/> Wi <input type="checkbox"/> Non Si w di wi, tanpri bay enfòmasyon sa yo: Non _____ Telefon (_____) _____ | |
| Adrès _____ Vil _____ 11. Eta _____ Kòd Postal _____ | |
| 11. Pou ensidan sa a, èske w fè yon ka oswa ou depoze yon plent nan nenpòt nan kote sa yo? <input type="checkbox"/> Depatman lajistis nan Etazini, Divizyon dwa sivil <input type="checkbox"/> Komisyon pou opòtinité egal nan travay nan Etazini <input type="checkbox"/> Depatman travay nan Etazini, Sant dwa sivil <input type="checkbox"/> Lòt _____ <input type="checkbox"/> Depatman travay nan Eta Nouyòk, Divizyon devlopman epòtinité egal <input type="checkbox"/> Divizyon dwa moun nan Eta Nouyòk <input type="checkbox"/> Tribunal federal oswa tribunal leta | |

12. Pou chak ajans ki tcheke nan kesyon #11 lan, tanpri bay enfòmasyon sa yo:

Ajans _____ Dat fòm nan te ranpli _____
Nimewo ka a oswa dosye a. _____
Dat pwosè a oswa odyans lan _____
Kote ajans lan oswa tribinal la ye _____
Non envestigatè a _____
Nan ki pwen ka a ye _____
Kòmantè _____

Ajans _____ Dat fòm nan te ranpli _____
Nimewo ka a oswa dosye a. _____
Dat pwosè a oswa odyans lan _____
Kote ajans lan oswa tribinal la ye _____
Non envestigatè a _____
Nan ki pwen ka a ye _____
Kòmantè _____

13. Mwen sètifye enfòmasyon mwen bay la se laverite epi mwen di li egzakteman jan li te pase a dapre sa mwen konnen. Mwen bay otorizasyon pou yo devwale enfòmasyon sa a bay ajans ki fè obsève lalwa yo pou yo ka mennen bon jan ankèt sou plent mwen an. Mwen konprann yap kenbe idantite mwen an sekèr omaksimòm posisib depi sa fèt dapre lalwa ki aplikab yo epi pou yo ka fè yon detèminasyon ki jis sou plent mwen an.

Moun ki pote plent lan Siyati

Dat

**FOR NEW YORK STATE DEPARTMENT OF LABOR STAFF USE ONLY
REZÈVE POU ANPLWAYE DEPATMAN TRAVAY NAN ETA NOUYÒK SÈLMAN**

14. Type of complaint. Check **all** that apply.
- Wage related Pesticides Child labor
 Health/safety Working conditions Housing
 Discrimination Other _____
15. ES related? Yes No If "Yes," Job Order Number _____
 Against employment service? Against employer?
 Alleged violation of ES regulations? Alleged violation of Employment laws?
 MSFW with complaint concerning laws enforced by NYS Labor Standards or OSHA?
16. MSFW? Yes No
17. Out of state employer? Yes No
18. H-2A/Criteria employer? US domestic worker H-2A worker Wages Housing
 Transportation Meals Other (specify) _____
19. Referred to NYS EO Officer ESA OSHA
 NYS Monitor Advocate NYS Labor Standards Other _____
- If "Other," agency name _____ Telephone (_____)
Address _____ City _____ State _____ Zip _____
20. Follow up? Yes No If "Yes," Monthly Quarterly Follow up date _____
Comments _____

21. Person receiving complaint _____ Title _____
Office _____ Telephone (_____)

Signature

Date

**FOR UNITED STATES DEPARTMENT OF LABOR STAFF USE ONLY
REZÈVE POU ANPLWAYE DEPATMAN TRAVAY NAN ETAZINI SÈLMAN**

22. CIF received by CRC Accepted Not accepted Case Number _____
Comments _____

Received by _____ Date _____

**Konpayi/Pwogram pou opòtinite egal
Gen asistans ak sèvis oksilyè ki disponib pou moun ki gen enfimite, si yo mande sa.**



New York State
Department of Labor
Division of Equal Opportunity Development

**AMERICANS WITH DISABILITIES ACT
COMPLAINT FORM**

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits.

Please submit this form to the ADA Coordinator, NYS Department of Labor's (DOL) Designee for Reasonable Accommodation (DRA) (Director of the Division of Equal Opportunity Development [DEOD]); you may find contact information for the ADA Coordinator/DRA (Director of DEOD) at www.labor.ny.gov.

COMPLAINANT INFORMATION

Name: _____ Home Phone: _____

Home Address: _____ Email: _____

1. Your claim is made against:

State Agency: _____

Name: _____

Title: _____

Address: _____

Phone: _____

2. Location(s) and date(s) of the circumstances giving rise to your complaint:

Are the circumstances of your complaint continuing?

Yes No

3. Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.
-
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-

4. A. Have you filed a claim regarding this complaint with a federal, state or local government agency?

Yes No

- B. Have you hired an attorney with respect to the allegations in the complaint?

Yes No

- C. Have you instituted a legal suit or court action regarding this complaint?

Yes No

5. This complaint form was completed by:

ADA Coordinator Complainant

SIGNATURE: _____

DATE: _____



Division of Equal Opportunity Development

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the NYS Department of Labor will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The NYS Department of Labor does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

Effective Communication: The NYS Department of Labor will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the NYS Department of Labor's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The NYS Department of Labor will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in the NYS Department of Labor offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the NYS Department of Labor should contact NYS Department of Labor's Division of Equal Opportunity Development, at (518) 457-1984, as soon as possible; but no later than 48 hours before the scheduled event.

The ADA does not require the NYS Department of Labor to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of NYS Department of Labor is not accessible to persons with disabilities should be directed to NYS Department of Labor's Division of Equal Opportunity Development, at (518) 457-1984.

The NYS Department of Labor will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.