



EQUAL OPPORTUNITY (EO) RIGHTS NOTIFICATION

Equal Opportunity Is the Law

The recipient* is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Investment Act (WIOA) Grant in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA-funded program or activity. If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient=s Equal Opportunity Officer: **Vickie M. Tanner, MPA, Equal Opportunity Officer 300 Arboretum Place, Suite 200 Richmond, VA, 23236** , or **Ben Bowman, Executive Director of Region 2000 Workforce Board, 828 Main Street, 12th Floor, Lynchburg, VA 24504**, or you may file a complaint directly with the **Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington, D.C. 20210**. If you elect to file your complaint with the recipient, you must wait until the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with CRC (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30 days of the expiration of the 60-day period. If you are dissatisfied with the recipient=s resolution of your complaint, you may file a complaint with DCR. Such complaint must be filed within 30 days of the date you received notice of the recipient=s proposed resolution.

*Recipient - means any entity to which Federal financial assistance under the Workforce Investment Act Grant is extended, either directly or through the Governor or through another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIOA-funded program or activity and the Governor. Recipient includes, but is not limited to: State Employment Security Agencies, State-level agencies that administer Workforce Investment Act funds, WIOA grant recipients, Sub-state grant recipients and service providers, as well as National Program recipients.

**Equal Employment Opportunity
Policy Statement for WIOA Participants**

Goodwill Industries of the Valley WDC is committed to those policies and programs that permit and contribute to equal opportunity for all persons. No individual will be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with any WIOA program because of race, color, religion, sex, national origin, age, disability, limited English-speaking ability, or political affiliation or belief.

To deny one's contribution to our effort because he or she is a member of a minority group is an injustice, not only to the individual, but to the agency as well. It is the intention of this agency to carry this commitment of equal opportunity to the extent of our legal requirements so that we may fulfill our moral and social obligations to the community.

Equal Employment Opportunity Record of Understanding:

I, the applicant/customer, agree that I have been informed about the *Goodwill Industries of the Valley WDC* Grievance Procedure should I have a complaint or grievance. I have been informed about the Affirmative Action Mechanism in accordance with Section 107 (Nondiscrimination), of the Federal Register, dated October 13, 1982, and that *Goodwill Industries of the Valley WDC* has an Affirmative Action Mechanism in force, which all staff is expected to abide by. (Policy on file at the *Dublin Office* and a copy is available upon request)

Signature of Applicant/Customer

Date

Copy Received (Applicant/customer Initials) _____

I, as a representative for the *Agency Name*, have explained the information contained in this notification, and have given a copy to the applicant/customer.

Goodwill of the Valleys Inc. Representative Signature

Date