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Rivers East
WORKFORCE DEVELOPMENT BOARD



WIOA Equal Opportunity is The Law Notice

Participant Name: _____ State ID: _____

This subrecipient is prohibited from discriminating on the ground of race, color, religion, sex, (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs or activities funded under the Workforce Innovation and Opportunity Act (WIOA) Program 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, you may file a complaint within 180 days from the date of the alleged violation with the subrecipient's Equal Opportunity Officer (or the person designated for this purpose), or you may file a complaint directly with the Director, Director of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW., room N-4123, Washington, DC 20210. If you elect to file your complaint with the subrecipient, you must wait until the subrecipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the subrecipient 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 DCR within 30 days of the expiration of the 60-day period. If you are dissatisfied with the subrecipient'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 subrecipient's proposed resolution.

Equal Opportunity Officer for Mid-East Commission
1502 N Market Street, Suite A, Washington, NC 27889
Phone: 252-946-8043 / 1-800-799-9194
Fax: 252-946-5489

Relay numbers for the hearing impaired: 1-800-735-2962 (TTY) and 1-800-735-8200 (Voice)
Equal Opportunity Program/Employer. Auxiliary Aids Available Upon Request for Individuals with disabilities.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____