

POLICY

TITLE:	WIOA Equal Opportunity & Nondiscrimination	PROGRAM:	
EFFECTIVE DATE:	12/12/2016	REVISIONS:	10/30/2019

Purpose

To communicate the non-discrimination and equal opportunity requirement of the Workforce Innovative and Opportunity Act to the local Workforce Centers, Program Operators and Training Providers.

Policy

The New River/Mount Rogers Workforce Development Board is committed to providing access to all individuals with respect to the delivery of programs and services associated with the Workforce Innovative and Opportunity Act of 2014 (WIOA), which was implemented on July 1, 2015. Section 188 of the WIOA prohibits discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in a WIOA Title I financially assisted program or activity. The following requirements are taken from Regulation 29, CFR, Part 37, and must be incorporated into the systems and practices of all recipients for assurances of nondiscrimination. Any program or activity that receives federal financial assistance under WIOA Title I is a recipient and therefore subject to these requirements.

Equal Opportunity Requirements for WIOA

Programs and activities funded or otherwise financially assisted in whole or in part under the Workforce Innovative and Opportunity Act (WIOA) are subject to federal equal opportunity (EO) laws and regulations based on the following:

- Title VI, Civil Rights Act of 1964
- Age Discrimination Act of 1975
- Rehabilitation Act of 1973
- Title IX Education Amendments Act of 1972
- 29 CFR Part 37
- State’s Methods of Administration (MOA); and
- DOL Civil Rights Center and state policy directives

Other federal laws that impact the operations of state- and local-level WIOA programs include, but are not limited to, the following:

- Immigration Reform and Control Act of 1986
- Title VII, Civil Rights Act of 1964
- Equal Pay Act

Age Discrimination in Employment Act; and
Americans with Disabilities Act of 1990

Consistent with the legal and regulatory requirements of WIOA and the New River/Mount Rogers Workforce Development Board's Methods of Administration (MOA), the local Workforce Centers, Program Operators and Training Providers will establish and maintain a comprehensive, equal opportunity program to include written policies and procedures that cover all employment and services programs as covered by WIOA. All Workforce Centers, Service and Training Providers shall ensure compliance with the New River/Mount Rogers Workforce Development Board's equal opportunity and related policies, procedures, and administrative directives and the Workforce Investment Board's Methods of Administration as applicable, including the following:

- Designation of an Equal Opportunity (EO) Officer or Liaison to coordinate the organization's WIOA EO responsibilities;
- Notification of the right to file a complaint by posting "Equal Opportunity Is the Law" notices in prominent locations that are available to registrants, applicants, eligible applicants/registrants, applicants for employment, employees and interested members of the public;
- Requirement to include assurance of nondiscrimination and equal opportunity laws and regulations in contracts, cooperative agreements, memorandums of understanding, applications and other similar agreements to carry out WIOA-funded programs;
- Written Nondiscrimination Policy for hiring and program participation practices, and to distribute and post these policies as required by law;
- Administration of WIOA-funded programs and activities to ensure physical as well as program accessibility to individuals with disabilities, that programs are provided in the most integrated environment appropriate to individuals with disabilities, and that communications with individuals with disabilities are as effective as communications with others;
- Collection and maintenance of EO data and provision of reports on applicants, registrants, eligible applicants/registrants, participants, employees and applicants for employment;
- Compliance with the WIOA Discrimination Complaint Procedures established by the NRMRWDB and maintenance of a log of discrimination complaints; Workforce Centers, Service and Training providers shall promptly notify the NRMRWDB EO Officer of any complaints or lawsuits filed against it alleging discrimination;
- Furnish all necessary books, records, accounts, etc. to the NRMRWDB for purposes of investigation to ascertain compliance with these provisions; and
- Be responsible for, and agree to indemnify and hold harmless, the Commonwealth of Virginia and the New River/Mount Rogers Workforce Development Board from all

losses, damages, expenses, claims, demands, suits and actions brought by any party against the Commonwealth of Virginia or the New River/Mount Rogers Workforce Development Board as a result of a party's failure to comply with these provisions.

EO Contacts:

New River/Mount Rogers Workforce Development Board

Ms. Marty Holliday, EO Officer
6580 Valley Center Drive
Suite 119
Radford, VA 24241
540-633-6764
marty.holliday@vcwnrmr.com

Virginia

Shirley M. Bray-Sledge
Human Relations Manager/ State-Level Equal Opportunity Officer
Virginia Employment Commission
Physical: 6606 West Broad Street, Suite 400
Richmond, Virginia 23230
Mail: P.O. Box 26441
Richmond, Virginia 23261-6441
Phone: 804-786-3466
Fax: 804-371-2814
VA Relay: 711

New River/Mount Rogers Workforce Development Board
6580 Valley Center Drive, Suite 119
Radford, VA 24141
540-633-6764
FAX 540-633-2502

EO COMPLAINT FORM

Delivery Method (check one)

- Walk-In
- Mail
- E-Mail
- Fax

Type of Discrimination You Claim Occurred

- | | |
|--|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Harassment |

(Please Print or Type)

Complaint: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Agency and Person whom you believe has discriminated:

Name: _____ Date Discrimination Occurred: _____

Agency Name/Address: _____

State why you believe you were discriminated against (use additional sheet if necessary)

What remedy do you wish to obtain by filing this complaint?

I affirm the above information is true to the best of my knowledge, information and belief.

Name: _____ Signature: _____

Date: _____

Received by: _____ Date: _____