



CHICAGO COOK WORKFORCE PARTNERSHIP

NOTICE OF RIGHTS ACKNOWLEDGEMENT FORM

Workforce Innovation and Opportunity Act Customer Program and Equal Opportunity (EO)/Discrimination Complaint Procedures

You have the right to file a written grievance or discrimination complaint if you believe you were treated unfairly or if you suspect that your rights were violated by the recipient of the Workforce Innovation and Opportunity Act (WIOA) Title I financially assisted program or activity.

The procedures for filing and processing a complaint/grievance are described in the attached WIOA Customer Program Complaint and Grievance Procedures and the WIOA Equal Opportunity (EO)/Discrimination Complaint Procedures. Please note that the two procedures are separate and distinct. **You must file your grievance/discrimination complaint within 180 days of the violation.** If you have any questions regarding the filing of a grievance or discrimination complaint, you may contact the local Equal Opportunity Officer for assistance.

I have read this form and understand that I have the right to file a grievance or discrimination complaint. If I believe that I was treated unfairly or that my rights were violated by the recipient of the WIOA Title I financially assisted program or activity. I have had an opportunity to ask questions and by my signature below, I declare that I fully understand my rights and the procedures.

I, , acknowledge receipt of the following:
(Please Print)

- ☐ WIOA Customer Program Complaint Procedures
- ☐ WIOA Equal Opportunity (EO)/Discrimination Complaint Procedures
- ☐ Notice of Rights Acknowledgement Form (signed copy)
- ☐ Informed about where to obtain the Customer Program and EO/Discrimination Complaint Forms

Participant Signature: _____ Date:

Agency Name:

Staff Signature: _____ Date:

Agency Phone #: