

## TRIDENT

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### STATE INSTRUCTION LETTER 00-06

#### RIGHTS HANDOUT

**TO:** Trident Workforce Investment Area Contractors and Staff

**ISSUANCE DATE:** August 21, 2000

**EFFECTIVE DATE:** Immediately

**SUPERSEDES:** N/A

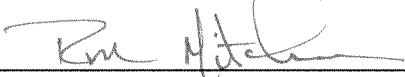
**SUBJECT:** Rights Handout

**PURPOSE:** To transmit the attached handout and establish procedures for handling noncriminal complaints under the Workforce Investment Act (WIA).

**POLICY:** Section 188 (a)(2) of the Act states in part that no individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief.

**PROCEDURES:**

SC Works Trident Staff, Operators, Partners and Contractors shall comply with the procedures and action outlined in the attached Instruction Letter 00-06.

  
\_\_\_\_\_  
Ronald Mitchum, Executive Director  
BCDCOG

June 27, 2012

Date



South Carolina



## Employment Security Commission

COMMISSION  
Carole C. Wells, Chairman  
(803) 737-2655  
McKinley Washington, Jr., Vice-Chairman  
(803) 737-2656  
J. William McLeod, Commissioner  
(803) 737-2652

  
1550 Gadsden Street  
Post Office Box 995  
Columbia, South Carolina 29202

EXECUTIVE DIRECTOR  
C. Michael Mungo  
(803) 737-2617

**STATE WIA INSTRUCTION NUMBER:** WIA 00-06

**TO:** Local Workforce Investment Areas & ES Local Offices

**SUBJECT:** Rights Handout

**ISSUANCE DATE:** August 21, 2000

**EFFECTIVE DATE:** Immediately

**PURPOSE:** The purpose of this instruction is to transmit the attached handout and establish procedures for handling noncriminal complaints under the Workforce Investment Act (WIA). Nothing contained in the attached handout shall be deemed to prejudice the separate exercise of other legal rights in pursuit of remedies and sanctions available outside the Act.

**POLICY:** Section 188 (a)(2) of the Act states in part that no individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief.

**ACTION:** LWIAs and ES local offices, shall provide initial and continuing notice to registrants, applicants and participants that they do not discriminate on any prohibited ground and advise them of their right to file a grievance/complaint. LWIAs and ES local offices may use the attached handout or may develop their own, which, at a minimum, shall contain the notice and provisions in the attached handout. A signed copy of the handout shall be placed in each applicant's/participant's file. The handout must be provided in appropriate formats to individuals with visual impairments.

**State WIA Instruction Number: WIA 00-06**  
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Questions regarding this instruction should be directed to Ms. Phoebe M. Sanders,  
EO Officer, at (803) 737-2408.



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C. Michael Mungo, Executive Director

CMM/pms  
ESC-2  
Attachment

## WORKFORCE INVESTMENT ACT

Rights Handout for  
Registrants, Applicants and Participants

### EQUAL OPPORTUNITY IS THE LAW

Since this program or activity receives federal money, it is against the law for the program to discriminate against any person in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief. It is also illegal to discriminate against any beneficiary of programs receiving money under Title I of the WIA on the basis of citizenship/status as a lawfully admitted immigrant authorized to work in the United States or his or her participation in any program or activity receiving money from WIA Title I.

The program or activity must not discriminate in any of the following areas: deciding who will be admitted, or have access to any WIA 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.

### HOW TO FILE A COMPLAINT OF DISCRIMINATION

You must file your complaint within 180 days from the date you believe it happened. You may choose to file your complaint with either the program/activity's Equal Opportunity (EO) Officer or designee, the State EO Officer, or the Director of the Civil Rights Center (CRC) of the US Department of Labor.

If you choose to file at the State level, address your complaint to:

Ms. Stephani Hamberg, EO Officer  
S.C. Department of Employment and Workforce  
Post Office Box 908  
Columbia, SC 29202  
Telephone No: (803) 737-2381      TTY: Relay Service dial 711

If you choose to file at CRC level, address your complaint to:

Director, Civil Rights Center (CRC)  
US Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210.

If you file your complaint with the EO Officer of the program/activity or with the State EO Officer, you must wait either until you receive a written Notice of Final Action or until 90 days have passed (whichever is sooner) before filing with the Civil Rights Center. If the program/activity EO Officer or the State EO Officer does not give you a written Notice of Final Action within 90 days of your complaint, you do not have to wait for the written 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 you filed your original complaint). If you are dissatisfied with the decision, 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.

NOTE: You may request assistance in preparing your written complaint. You may have legal representation and/or witnesses to support your position. You may present evidence.

RIGHT TO FILE A GRIEVANCE/COMPLAINT

You have the right to file a grievance/complaint if you feel that you have been treated unfairly by the Workforce Investment Act of 1998 (WIA) program or activity, or if you feel that there has been a violation of the WIA, the regulations, grant or training agreement.

HOW TO FILE A GRIEVANCE/COMPLAINT

If you wish to complain about your application or anything related to your treatment during the registration, application and certification process or as a WIA program participant, you must file your grievance/complaint within 180 days of the alleged occurrence. You should contact the following person on the program staff for help in the use of the appropriate grievance/complaint and hearing procedures:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ TTY: \_\_\_\_\_

If you are not allowed to use a local grievance/complaint procedure, or if your grievance/complaint is not resolved to your satisfaction, you may contact the local Equal Opportunity (EO) Officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ TTY: \_\_\_\_\_

If you don't receive a hearing and a decision within 60 days, you may appeal to the State WIA EO Coordinator within 15 days of the date the decision was due. If you receive an adverse decision, you may appeal to the State WIA EO Coordinator within 15 days of the receipt of the adverse decision. You may reach the State WIA EO Coordinator at the following office:

Ms. Tudy Newsom, State WIA EO Coordinator  
SCDEW - Workforce Development  
Post Office Box 908  
Columbia, SC 29202  
Telephone No: (803) 737-3830      TTY: Relay Service dial 711

The State EO Officer will issue a decision within 60 days after receiving your appeal request. If you do not receive a decision within 60 days after filing your appeal to the State EO Officer, you may appeal to the regional office of the United States Secretary of Labor within 60 days of receipt of the decision being appealed.

Dr. Helen N. Parker, Regional Administrator  
Employment and Training Administration, U.S. Department of Labor  
Sam Nunn Atlanta Federal Center  
Room 6M12 – 61 Forsyth Street, S.W.  
Atlanta, GA 30303

I certify that I have read and understand this handout and have received a copy of the grievance procedures.

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Signature	Customer's Name (Print)	Date
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I certify that I have explained this handout to the above customer.

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Signature	Date
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Name (print)	Grantee
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