

# WIOA Application Instructions

Thank you for your interest in the WIOA program. We encourage you to attend the WIOA Orientation at either the Alameda or Berkeley One Stop before completing the application.

- Please **review and keep** the “Alameda County Workforce Investment Board Summary Notification of Rights and Complaint Procedures” packet for your files.
- Fill in all the highlighted areas in the application packet according to the instructions below. **Leave non-highlighted areas blank.** Please **do not date your signature as you are completing the packet.** The date should be the day that you will be submitting the application to us. If you have questions on how to complete any part of this selection, please contact the One-Stop staff at (510) 748-2208.
- Please attach **COPIES** of the following documents to your application.
  - a. Proof of residence in Alameda County (not Oakland)
    - Valid CA driver’s license with current address
    - OR
    - A current (within 30 days) utility, financial, or health services bill/statement.
  - b. Proof of Right-to-Work:
    - Valid CA driver’s license and Social Security Card
    - Unexpired Permanent Resident card (front and back) if applicable OR
    - Unexpired U.S. Passport
  - c. Proof of Social Security number  
(DD-214, Social Service Records, Pay Stubs, EDD Documents, Social Security, or Federal/State Tax Return)
  - d. Resume
    - Login and post your resume on <https://www.caljobs.ca.gov>
    - Email your resume to us (word document)
  - e. If you are receiving unemployment Insurance:
    - Notice of Unemployment Insurance (UI) Award
    - Most recent Unemployment Insurance (UI) pay stub
  - f. If you are male and born on/after January 1, 1960:
    - Proof of Selective Service registration. Please check your registration at **www.sss.gov.**

Bring your completed Application packet and documents the One Stop to complete enrollment! **Call Alameda: (510) 748-2208 -OR- Berkeley: (510) 644-6630.**

<input type="checkbox"/> <b>Adult Basic Career Eligibility</b> Eligibility Date:	<input type="checkbox"/> <b>Adult Eligibility</b> Eligibility Date:	<input type="checkbox"/> <b>Dislocated Worker Eligibility</b> Eligibility Date:	<input type="checkbox"/> <b>Youth</b> Eligibility Date:
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**CONTACT INFORMATION**

<b>First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>SSN:</b>		<b>Address:</b>		
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>	
<b>Phone Number:</b>		<b>Phone Type:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
<b>Alternate Phone Number:</b>		<b>Phone Type:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
<b>Email:</b>		<b>Fax:</b>		
<b>Alternate Contact Name 1:</b>		<b>Alternate Phone Number:</b>	<b>Relationship:</b>	
<b>Alternate Contact Name 2:</b>		<b>Alternate Phone Number:</b>	<b>Relationship:</b>	

**DEMOGRAPHIC INFORMATION**

<b>Date of Birth:</b>	<b>Gender: -</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Males Only – Registered for Selective Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented Exemption <input type="checkbox"/> N/A
<b>Authorization to Work in US:</b> <input type="checkbox"/> Citizen of U.S. <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> No		
<b>Alien/Visa Registration Number:</b>		<b>Alien/Visa Expiration Date:</b>
<b>Considered to be of Hispanic heritage:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race-Ethnicity:</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> I do not wish to answer	
<b>Asian (please check all that apply):</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladesh <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Nepalese <input type="checkbox"/> Sikkimese <input type="checkbox"/> Bhutanese <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Malaysian <input type="checkbox"/> Thai <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian		
<b>Hawaiian/Other Pacific Islander (please check all that apply):</b> Samoa Palauan Micronesia Guamanian Marshallese Other Pacific Islander		
<b>Considered to have a disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of disability:</b> <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both <input type="checkbox"/> Did not disclose	

**VETERAN INFORMATION**

<b>Transitioning Service Member:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of Transitioning Service Member:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 24-months <input type="checkbox"/> Within 12-months	<b>Estimated Discharge Date:</b>
<b>Eligible Veteran Status:</b> <input type="checkbox"/> Yes <=180-days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No		<b>Served more than 1 tour of duty:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Military Service Entry Date:</b>	<b>Military Discharge Date:</b>	<b>Second Entry Date:</b>
<b>Third Entry Date:</b>	<b>Third Discharge Date:</b>	<b>Second Discharge Date:</b>
<b>Recent separated veteran (within the last 48 months):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Campaign Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Special Disabled (greater than 30%) <input type="checkbox"/> No
<b>Attended a Transition Assistance Program (TAP) workshop with the last 3 years:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT INFORMATION						
<b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed			If employed, individual is underemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Receiving Unemployment Compensation:</b> <input type="checkbox"/> Eligible claimant referred by WPRS <input type="checkbox"/> Eligible claimant not referred by WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant nor exhaustee			Number of weeks unemployed:			
<b>Meets long term unemployment definition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Current or most recent hourly rate of pay:</b>		Occupation of most recent employment:		
<b>Farmworker Status:</b> <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No			<b>Type of qualifying farm work:</b> <input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments			
DISLOCATED WORKER - ONLY						
<b>Projected Date of layoff:</b>		<b>Actual layoff date</b> (if date is in the future, leave blank):		<b>Attended Rapid Response Event:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dislocation Event #:</b>	
<b>Employer Name:</b>			<b>Address:</b>			
<b>City:</b>			<b>State:</b>	<b>Zip Code:</b>		
<b>Dislocation Hourly Wage:</b>		<b>Layoff Industry:</b>		<b>Layoff Occupation:</b>		
<b>Declining Industry:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If working, job lacks opportunity to advance or have a wage gain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
EDUCATION INFORMATION						
<b>Current Highest School Grade Completed:</b>		<b>School Status:</b> <input type="checkbox"/> In-school, High School or Less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Post High School <input type="checkbox"/> Not attending school, HS Dropout <input type="checkbox"/> Not attending school, HS Graduate				
<b>Enrolled in Education leading to a Diploma, GED/High School Equivalency Diploma or Certificate? (Secondary, post-secondary, adult education or other organized program of study):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Attending any School:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Most Recent Date Attended Secondary School:</b>		<b>Within compulsory school age and did not attend the most recent complete school year calendar quarter (use most recent date attended secondary school):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
INDIVIDUAL BARRIERS						
<b>English language learner:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Basic Skills Deficiency:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homeless:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Runaway:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Foster Care:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Offender:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pregnant/Parenting Youth:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Youth Requires Additional Assistance to complete an educational program or to secure/hold employment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYMENT BARRIERS						
<b>Displaced Homemaker:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Within 2 Years of exhausting TANF lifetime eligibility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hawaiian Native:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>American Indian/Alaskan Native:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Single Parent (including single pregnant women):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Individual Facing Substantial Cultural Barriers:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Migrant Season Farmworker:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Meets Governor Special Barriers to Employment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
PUBLIC ASSISTANCE (Last 6 months)						
<b>TANF:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supplemental Security Income (SSI):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>General Assistance (GA):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supplemental Nutrition Assistance Program (SNAP):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Social Security Disability Insurance (SSDI):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Foster Child:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Youth living in a High Poverty Area:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Receives/Eligible to receive free or reduced price lunch:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Receiving or Been notified will receive Pell Grant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**INCOME**

<b>Due to the Individual's Disability they qualify as a Family of 1:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Family Size:</b>	<b>Annualized Family Income:</b>
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**FEDERAL INITIATIVES**

<b>Perceived Barriers to Employment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Check all the apply:</b> <input type="checkbox"/> Limited Education <input type="checkbox"/> Limited Work History/Experience <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Language Barrier <input type="checkbox"/> No Child Care <input type="checkbox"/> Homeless <input type="checkbox"/> Disability <input type="checkbox"/> NONE
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<b>Ticket to Work Participant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ever on SSI or SSDI:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Currently/Previously Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current or Most recent hourly rate of pay:</b>
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<b>Most recent Job Title:</b>	<b>Begin date:</b>	<b>End date:</b>	<b>Hours per week:</b>	<b>Benefits at most recent job:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Check all that apply:</b> <input type="checkbox"/> None <input type="checkbox"/> Health Insurance <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Flexible Work Schedule <input type="checkbox"/> Telework <input type="checkbox"/> Customized Employment <input type="checkbox"/> Job Sharing <input type="checkbox"/> Other - If "Other," please describe in box on right-->	<b>If Other is checked, please provide a description:</b>
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**MISCELLANEOUS**

<b>Meets the additional priorities established but the Governor and/or Local Board:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Job Ready Connections Referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gang Status:</b> <input type="checkbox"/> Gang Member <input type="checkbox"/> Gang Involved <input type="checkbox"/> At Risk of Gang Involvement
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<b>Youth of Incarcerated Parent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parole Number: -</b>	<b>Substance Abuse:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Poor Work History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Lacks Transportation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Lacks Child Care:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Without Health Care Benefits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Victim of Spousal Abuse:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Individual Certification:** My signature below indicates that I have been informed of and understand the information contained in this form. I certify under penalty of perjury that all the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any items is grounds for termination from the Workforce Innovation Opportunity Act (WIOA) program and may result in action to recover any moneys paid on my behalf while participating.

**Signature of Individual:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parent/:** \_\_\_\_\_  
**Guardian/Responsible Adult**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE STAFF ONLY:**

**Signature of Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Reviewer:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION / RECORDS

Date:

To:

I, \_\_\_\_\_, am hereby authorizing the release of information and/or records, pertaining to myself/contacts, which may be relevant to my eligibility and/or participation in a specific government funded program or activity. Please forward the requested information to the agency and individual listed below:

\_\_\_\_\_  
Name of Individual

College of Alameda  
\_\_\_\_\_

Agency

555 Ralph Appezato Parkway, Alameda CA 94501  
\_\_\_\_\_

Mailing Address, City, State, Zip

(510) 748-2208  
\_\_\_\_\_

Phone Number

(510) 814-8302  
\_\_\_\_\_

Fax Number

A copy or facsimile of this Authorization shall be valid as the original.

\_\_\_\_\_  
**My printed, full name**

\_\_\_\_\_  
**My Social Security Number**

\_\_\_\_\_  
**My Signature**

\_\_\_\_\_  
**Today's Date**

Please note that the disclosure of your social security number is voluntary. However, since most official records are maintained according to your social security number, your information may not be accessible without disclosure of your social security number.



# NORTH CITIES ONE STOP CAREER CENTER (ALAMEDA/BERKELEY) WIOA INTAKE ASSESSMENT

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. What is your primary occupation? (Include title, years of experience, and major skills)

2. What is your educational background?

3. How long have you been unemployed?

4. Were you laid-off from your last place of employment?

5. Have you applied for unemployment benefits?

6. What is your objective in using the One Stop Career Center: Circle all that apply:

Use computers/fax/phones, etc.

Job Search Assistance

Resume

Career Guidance

Interviewing

Counseling

Training Information

Educational Resources

Assessment

7. Do you have an up to date resume?

8. Do you have a resume on CalJOBS?

9. What do you perceive as your biggest barriers to finding your next job?

1)

2)

3)

10. What job search resources are you currently using?

# INTAKE ASSESSMENT

## Page 2

11. Are you recording your job search activities?

12. What are your current marketable skills/interests?

13. Are you interested in information about community resources?

14. Other Center Statistics:

CalWORKs: Y / N

Female Head of Household: Y / N

Income for the last 12 months: \_\_\_\_\_

California Driver's License: Y / N

SparkPoint: Y / N

### Next Steps:

Assessments

Workshops

Specific activities

Intake by: \_\_\_\_\_ Date \_\_\_\_\_





**TO: EMPLOYMENT DEVELOPMENT DEPARTMENT**  
**Unemployment Insurance Division, MIC**  
**40 PO Box 826880**  
**Sacramento, CA. 94280-0001**

**EDD FAX No.: (916) 319-1486**

**WIA UI - DATA CONSENT AUTHORIZATION FORM**  
**ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED**

**COMPLETED BY CLIENT**

I, \_\_\_\_\_, authorize

**PRINT OR TYPE APPLICANT'S FULL (FIRST, MI, LAST) NAME AUTHORIZING THE RELEASE OF THE UI INFORMATION**

the Employment Development Department to release a copy of the following records pertaining to my Unemployment Insurance (UI) information:

- Total dollar amount of wages by quarter as reported by my former employers for the last three completed quarters,
- Beginning and ending dates of most recent valid UI claim and claim award (weekly and maximum benefit amount), claim balance, and whether I have exhausted my benefits.
- Last employer name and address, last date worked, and whether laid off due to lack of work.

I also authorize the Workforce Investment Act (WIA) entity referenced below to use my EDD information for purposes related to my eligibility under the Workforce Investment Act--*Public Law 105-220*--for the Dislocated Worker Program and for other WIA services or programs. This Authorization shall remain in effect for 12 months from the date signed below.

(CLIENT SELECT ONE)
TRANSMIT MY CONSENT AND UI INFORMATION VIA:
<input type="checkbox"/> U.S. Mail --(With original consent form to EDD.)
<input checked="" type="checkbox"/> FAX to the EDD number listed above and to the Subgrantee's number according to the Location Code.
<b>NOTE:</b>
• A Fax or a photocopy of this form is deemed as valid as the original Consent Authorization.
• Personal Information transmitted via FAX (a public network) may not be protected against unauthorized access while in transit.

<b>CLIENT'S SIGNATURE:</b> _____
<b>SIGNATURE DATE</b> ____ / ____ / ____ <b>CLIENT'S SSN:</b> _____

**COMPLETED BY THE SUBGRANTEE CASE WORKER**

I certify under penalty of perjury that the original copy of this Consent Authorization was signed and dated by the individual who is the subject of this request and available for EDD inspection upon request. It will be made part of the case file.

_____ <b>College of Alameda</b> SUBGRANTEE NAME	<table border="1"> <tr> <td>LOCATION CODE</td> </tr> <tr> <td>ALA10</td> </tr> </table>	LOCATION CODE	ALA10	
LOCATION CODE				
ALA10				
_____ PRINT OR TYPE NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT	<table border="1"> <tr> <td><b>DATA REQUEST TYPE (SELECT ONE)</b></td> </tr> <tr> <td><input type="checkbox"/> Pre-enrollment</td> </tr> <tr> <td><input type="checkbox"/> Post-enrollment</td> </tr> </table>	<b>DATA REQUEST TYPE (SELECT ONE)</b>	<input type="checkbox"/> Pre-enrollment	<input type="checkbox"/> Post-enrollment
<b>DATA REQUEST TYPE (SELECT ONE)</b>				
<input type="checkbox"/> Pre-enrollment				
<input type="checkbox"/> Post-enrollment				
_____ REQUESTING SUBGRANTEE CASE WORKER SIGNATURE				
(    )    -    _____ SUBGRANTEE CASE WORKER PHONE NUMBER	_____ / ____ / ____ SIGNATURE DATE			

**INSTRUCTIONS:** Submit on Subgrantee letterhead and complete all entries. Forms with blank fields will not be processed. Please note: The EDD response will include the Applicant's name and only the last four numbers of the social security number pursuant to Civil Code Section 1798.29.

# ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD SUMMARY NOTIFICATION OF RIGHTS AND COMPLAINT PROCEDURES

## WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have a complaint involving the administration of any job training program or service with which the Alameda County Workforce Investment Board (WIB) is involved, either directly (i.e., the denial of your application for job training services) or indirectly (i.e., something that happens while you are in a WIB sponsored job training program), you have certain rights that you should know about.

The complaint and grievance procedures that must be used are determined by the nature of your complaint. This document provides instructions for three different types of complaints and the corresponding procedures.

1. **Nondiscrimination and Equal Opportunity**: Any complaint alleging discrimination on the basis of DISABILITY, RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, RELIGION, POLITICAL AFFILIATION or BELIEF, CITIZENSHIP or RETALIATION for filing a complaint because of any of these reasons may be filed within 180 days of the alleged incident EITHER WITH:

Ms. Darleen Brooks  
Civil Rights Officer (CRO)  
County of Alameda Social Services Agency  
2000 San Pablo Avenue, 4<sup>th</sup> Floor  
Oakland, CA 94610  
Phone 510-891-3355; For the California Relay Services (CRS) call 1-800-735-2922(VOICE) or 1-800-735-2929(TDD)

Or with

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

2. **Non-criminal Violation of the Workforce Innovation and Opportunity Act**: or OTHER APPLICABLE FEDERAL OR STATE REGULATIONS CONCERNING THE ADMINISTRATION OF JOB TRAINING PROGRAMS, CONTRACT OR GRANT CONDITIONS, OR WIB RULES OR POLICIES must be filed within one year of the alleged incident with the:

Director, Alameda County Workforce Investment Board  
24100 Amador Street, 6<sup>th</sup> Floor, Room 610C  
Hayward, CA 94544-1203

3. **Incidents of Criminal Fraud, Criminal Abuse, or other Criminal Activity, and Noncriminal Complaints such as Mismanagement and Gross Waste**: Allegations of fraud, abuse, or other criminal activity in WIOA-funded programs may originate from ACWIB staff, WIOA Program Operators, clients, informants, auditors, law enforcement agencies, etc. Reports must be submitted within 24 hours of discovery to:

Director, Alameda County Workforce Investment Board  
24100 Amador Street, 6<sup>th</sup> Floor, Room 610C  
Hayward, CA 94544  
Ph: (510) 259-3842  
FAX: (510) 259-3845

The WIB, One-Stop and Youth Program Operators have copies of the grievance procedures and the grievance form that should be filled out. However, you may file a complaint without completing the appropriate forms, as long as your complaint is in writing, signed by you and returned to the Workforce Investment Board (WIB). If you are unsure to which entity your complaint should be addressed, WIB staff will ensure that the proper jurisdiction receives your complaint. Your complaint should include your address, telephone number and must also state what your complaint is about.

If you have any questions about how to file a complaint, you may inquire with the Program Manager of the program in which you are enrolled.

Under the law, you have the right to make your complaint without being afraid of restraint, interference, coercion, discrimination, retaliation, or reprisal. What this means is that no one can try to stop you from making a complaint or punish you in any way for filing a complaint.

#### **WHAT HAPPENS WHEN I FILE A COMPLAINT?**

Alameda County WIB, or other involved jurisdiction, will notify the party you are complaining against (the "Respondent") about your complaint, and can arrange for an informal meeting with an impartial WIB employee, the Respondent, and you (the "Complainant"), to try to resolve your complaint.

#### **WHAT IF THIS DOESN'T WORK?**

If your complaint is not resolved after meeting informally with the Respondent, then you have the right to have a hearing before an Alameda County WIB Hearing officer or an Impartial Hearing Officer.

#### **IS A HEARING LIKE A TRIAL IN COURT?**

Yes and no. Under the law, everyone has "Due Process" rights that must be observed in any legal proceeding. Such rights include the right to present evidence and have witnesses testify under oath, the right to testify yourself, the right to cross-examine the witnesses for the other party, the right to have any impartial person decide the case, and to give a written explanation of the reason for the decision. You also have the right to appeal the decision if you think it is wrong. In that sense, the hearing is like a trial.

It will not be like a trial in the sense that no one will expect you to know technical legal rules of evidence, law, or procedure. The Hearing Officer will be an experienced attorney or other knowledgeable lay person that knows the law and who will be much more interested in finding out what the facts are.

The hearing will be somewhat like "The People's Court" on TV, where the Judge listens to the testimony of the witnesses, looks at any exhibits, asks questions of the parties and then makes a decision.

**DO I NEED A LAWYER? WHAT IF I DON'T HAVE A LAWYER?**

You have the right to have a lawyer, or some other person, who doesn't have to be a lawyer, act as your representative at all stages of the WIB Grievance Procedure. However, the WIB cannot appoint a lawyer to represent you or give you legal advice, nor can the WIB pay for your lawyer. If you want a lawyer to represent you and do not know whom to call, the Alameda County Bar Association, telephone 510-893-7160, has a lawyer referral service.

**IS THERE ANYTHING ELSE I SHOULD KNOW?**

The most important thing to remember is that the Hearing Officer won't know about the facts of your case, so be sure that you present them at the hearing. Be sure your witnesses come to the hearing, bring any exhibits you want to show the Hearing Officer, and outline what you want to say so you won't forget anything.

**THIS IS YOUR COPY.**

**PLEASE KEEP IT FOR YOUR RECORDS.**

*These WIOA Title financially assisted programs or activities are "Equal Opportunity employer / Programs." Auxiliary aids and services are available upon request to individuals with disabilities.*

**ALAMEDA COUNTY WORKFORCE INNOVATION AND OPPORTUNITY ACT  
NOTIFICATION OF RIGHTS UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**EQUAL OPPORTUNITY GUIDELINES UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT**

It is against the law for recipients of federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, creed, religion, sex, national origin, age, disability, political affiliation or beliefs, retaliation; or
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

You have the right to file a complaint if you feel you have been denied any of the above opportunities based on the equal opportunity guidelines. You will not in any way be penalized for filing a complaint. Your WIOA sponsor has established a mechanism for handling complaints or grievances. Your complaint must be filed within 180 days of the alleged violation. All complaints will be handled confidentially. Complaints may be filed with the Alameda County Civil Rights Officer or with the Federal Civil Rights Center of the Department of Labor. (See Policy for Addresses)

**COMPLAINTS OTHER THAN EQUAL OPPORTUNITY**

All complaints alleging any violation of the Workforce Innovation and Opportunity Act, other applicable federal or state regulations concerning the administration of job training programs, contract or grant conditions, or WIB rules or policies must be filed with the: Director of the Workforce Investment Board, 24100 Amador Street, 6<sup>th</sup> Floor Rm. 610C, Hayward, CA 94544-1203 within one year of the incident.

**COMPLAINTS OF FRAUD, CRIMINAL ACTIVITY, OR GROSS WASTE**

Complaints alleging incidents of criminal fraud, criminal abuse, or non-criminal complaints of mismanagement and gross waste of WIA funds should be made within 24 hours of discovery to the: Director of the Workforce Investment Board, 24100 Amador Street, 6<sup>th</sup> Floor Rm. 610C, Hayward, CA 94544-1203.

This is to certify that I have received a copy of the equal opportunity complaint procedures, procedures for filing complaints against job training programs as they pertain to the WIOA program operated by the Alameda County Workforce Investment Board, and procedures to file complaints of criminal activity, fraud, and/or gross waste.

Staff has explained these procedures to me verbally and I have been advised of these processes. I understand that a full copy of these procedures is available to me upon request.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Date