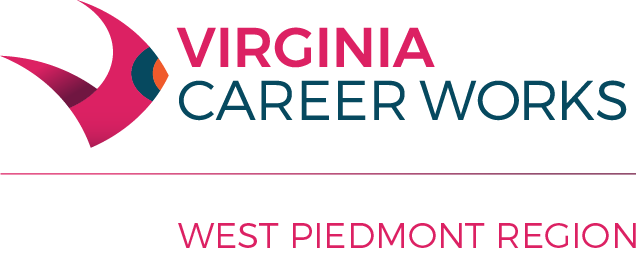
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**Complaint Information Form**

It is against the law for the West Piedmont Workforce Development Board (and their providers), as a recipient of financial assistance under Title I of the Workforce Innovation and Opportunity Act (WIOA), to discriminate on the base of race, color, religion, sex, national origin, age, disability, political affiliation of belief. It is also against the law for the WPWBD and their providers to discriminate against any beneficiary of federally financially assisted programs 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.

If you think that you have, or someone else has, been subjected to discrimination by the WPWDB or its provider on one of the bases listed above, you may file a complaint within 180 days from the date of the alleged violation with either the WPWDB EO Officer or the Department of Labor's Civil Rights Center (CRC). If you have missed this deadline and think you have a good cause for filing late, you must explain your circumstances and request an extension from the Director of the CRC at the address below. The Director will determine whether you have proven good cause for an extension and notify you of his or her determination.

To file a complaint, you may use this Complaint Information Form, or send the information listed on this form in writing either to the WPWDB or CRC. To file the complaint with WPWDB, send it to Tyler Freeland, EO Officer at 300 Franklin Street, Suite 241, Martinsville, VA 24112 or via email to [tyler@vcwwestpiedmont.org](mailto:tyler@vcwwestpiedmont.org) or telephone 276.656.6190. To file a complaint with the State EO Officer, send it to Vicki Tanner, at the Virginia Community College System, 300 Arboretum Place, Suite 200, Richmond, Virginia 23236 or by email to vtanner@vccs.edu, telephone 804.819.1682 or Virginia Relay 711. To file a complaint with the CRC, send it to the Director of the Civil Rights Center, U.S Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. You may obtain a CRC complaint form electronically through the CRC's website at http://www.dol.gov/oasam/programs/crc/complaint.htm.

**Complaint Information -Provide the following information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Mailing Address** | **Contact Number** | **Email Address** | **Nature of Complaint** |

Special Note: Please provide the name and address of the person or organization that you believe discriminated against you or someone else. If you believe that someone else was discriminated against, identify that person or group of people to the best of your ability.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Service Provider Name** | **Mailing Address** | **Nature of Complaint** |