

Acknowledgement of Grievance and Complaint Procedures

Participant Name (printed)

PID

By my initials below, I certify that I have been verbally advised of:

- My right to file a grievance or complaint with the WIOA Title I service provider, Local Workforce Development Area, State or United States Department of Labor, and
- My right to receive technical assistance in filing a grievance or complaint.

I have received copy of, read and understand GCWDB policy and procedures as follows:

- Discrimination Complaint Procedures Governing WIOA Activities and Oklahoma Works (One-Stop) Center Activities Policy
- WIOA Programmatic Grievances and Complaint Policy

Signature

Date