



County of Los Angeles Workforce Innovation and Opportunity Act (WIOA) Equal Opportunity and Grievance and Complaint Procedures Documentation Verification Form




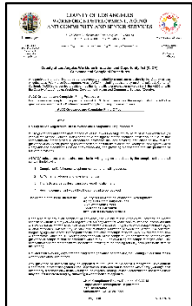
AJCC Information

AJCC: _____
 AJCC Location: _____
 Representative: _____
 Title: _____

Instructions and Requirements for Postings

By checking off the following boxes, my AJCC certifies the following information below is true:

- My AJCC understands the following documents are required to be posted in reasonable public locations and in reasonable numbers and places at each LA County WIOA funded facility and on my AJCC's website pages and be made available to any interested parties and members of the public.
- My AJCC has posted and will maintain the required Postings by LA County WIOA Program as of the following date: _____

DOCUMENT	TYPE	SAMPLE	By checking off the following boxes, my AJCC certifies the following information below is true:
WIOA Equal Opportunity is the Law Posting (Dated 1/2019)	Type: POSTING Size: 11 x 17 Pages: Total 1		<input type="checkbox"/> AJCC has received information about this posting. <input type="checkbox"/> Form has been posted in a public location where ALL customers have access.
WIOA Grievance and Complaint Procedures Posting (Dated 1/2019)	Type: POSTING Size: 8.5 x 14 Pages: Total 1		<input type="checkbox"/> AJCC has received information about this Posting. <input type="checkbox"/> Form has been posted in a public location where ALL customers have access.

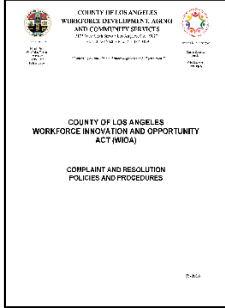
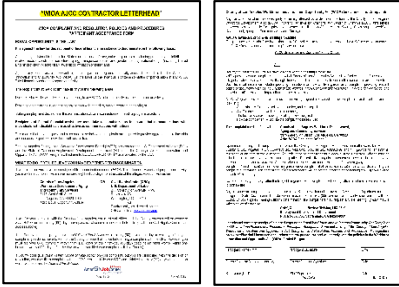
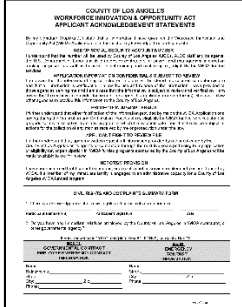
NOTE:

Per L.A. County Directive WDP D18-32 WIOA *Equal Opportunity and Grievance and Complaint Procedures*, each AJCC must **ALSO** post their AJCC specific grievance and complaint procedures in reasonable public locations and in reasonable numbers and places at each LA County WIOA funded facility and the AJCC's website pages and be made available to any interested parties and members of the public.

Instructions and Requirements for Customer and File Documents

By checking off the following boxes, my AJCC certifies the following information below is true:

- My AJCC understands a copy of the following documents must be provided to each WIOA registrant, applicant, eligible applicant/registrant, and WIOA participant with visual impairments.
- My AJCC understands the original signed documents must be included in the participants file.
- My AJCC has received and will maintain the required documents by LA County WIOA Program as of the following date: _____

DOCUMENT	TYPE	SAMPLE	By checking off the following boxes, my AJCC certifies the following information below is true:
WIOA Complaint and Resolution Procedures (Dated 1/2019)	Type: CUSTOMER COPY FORM Size: 8.5 x 11 Pages: Total 12 Note: Reference WDP 18-32 WIOA Grievance and Complaint Procedures		<input type="checkbox"/> AJCC has received a copy of this document. <input type="checkbox"/> A complete copy must be provided to the customer only.
WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 1/2019)	Type: FILE FORM AND CUSTOMER COPY FORM Size: 8.5 x 11 Pages: Total 2 Note: Must be printed double sided and on AJCC letterhead.		<input type="checkbox"/> AJCC has received a copy of this document. <input type="checkbox"/> This form must be printed double sided and on AJCC Letterhead and <input type="checkbox"/> This form must be signed by participant and the AJCC. <input type="checkbox"/> A signed copy must be provided to the customer and the original signed form must be included in the participant file.
WIOA Applicant Acknowledgement Statements (Dated 1/2019)	Type: FILE FORM AND CUSTOMER COPY FORM Size: 8.5 x 11 Pages: Total 1		<input type="checkbox"/> AJCC has received a copy of this document. <input type="checkbox"/> This form must be signed and one box must be completely filled out by participant <input type="checkbox"/> A signed copy must be provided to the customer and the original signed form must be included in the participant file.

Certification of Review

I hereby acknowledge, my AJCC has become familiar with the current policies related to the receipt, review and acknowledgement of receipt of all required forms and postings for the WIOA Equal Opportunity and Grievance and Complaint Procedures for the Los Angeles County Local Workforce Investment Act (WIOA) funded program(s).

AJCC Manager Name and Title: _____

Signature and Date _____