



## Discrimination Complaint Procedures

GenerationGo!  
290 North D Street, Suite 600  
San Bernardino, CA 92415  
(909) 387-9859

If you believe you have experienced discrimination in your Workforce Innovation and Opportunity Act (WIOA) program, activity or service, you may file a complaint using the following process.

1. Ask to speak with a Program Supervisor within 90 days of the incident.
  - A supervisor will contact you within three (3) business days to discuss the incident
  - If you are not satisfied with the decision, go to Step 2
2. Ask to speak with the Program Director about the incident.
  - The Program Director will contact you within three (3) business days of the day you spoke with the supervisor about the incident
  - If you are not satisfied with the decision, go to Step 3
3. Ask to speak to the Workforce Development Department Staff Analyst over the WIOA Youth Program.
  - The Staff Analyst will contact you within five (5) business days of the day you spoke with the Program Director about the incident
  - If you are not satisfied with the decision, go to Step 4
4. Ask to speak to the Equal Opportunity Officer of the Workforce Development Department about the incident.
  - The EEO will contact you within seven (7) business days of the day you spoke with the Workforce Development Staff Analyst about the incident
  - If you are not satisfied with the decision, go to Step 5

5. Obtain the "Discrimination Complaint Information Form 190" from the EEO. Send the completed form to:

Fred Burks, Equal Opportunity Officer  
San Bernardino County Workforce Development Department  
290 North D Street – Suite 600  
San Bernardino, CA 92415

**The Equal Opportunity Officer must receive your written complaint no later than 180 days from the date you believe the discrimination happened.**

**I have read and understand the Workforce Development Department's discrimination complaint procedure. I understand that if I feel I have experienced discrimination, I may use this procedure, or I may send a written complaint directly to the Equal Opportunity Officer at the address above.**

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under 18 years of age:

Parent and/or Guardian's Printed Name: \_\_\_\_\_

Parent and/or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Funding for this program is provided by the San Bernardino Workforce Development Board (WDB). This WIOA Title-1 financially assisted program or activity and the WDB are Equal Opportunity Employers. Auxiliary aids and services are available upon request to individuals with disabilities.**

