



# LOS ANGELES COUNTY

## WIA ADULT AND DISLOCATED WORKER DIRECTIVE

NUMBER: D-DWA 03-001	SUBJECT: Acknowledgement Statements & Complaint Resolutions Procedures Acceptance Form	
DATE: July 7, 2003	EFFECTIVE DATE: Immediately	PAGE 1 of 1

TO: ALL WORKSOURCE CENTER DIRECTORS

The purpose of this Directive is to distribute copies of the following attached forms:

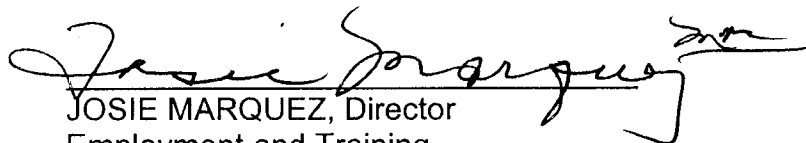
### APPLICANT ACKNOWLEDGEMENT STATEMENTS

### WORKFORCE INVESTMENT ACT COMPLAINT RESOLUTIONS PROCEDURES ACCEPTANCE FORM

To document distribution of the Workforce Investment Act Complaint and Resolution Policies and Procedures, a signed copy of the Workforce Investment Act Complaint Resolutions Procedures Acceptance Form **must** be obtained and placed in each customer's file along with the Applicant Acknowledgement Statements.

*Please refer to Directive #D-DWA-00-45 dated 3-28-02 for a copy of Los Angeles County's Workforce Investment Act Complaint and Resolution Policies and Procedures.*

For an electronic version of the attached forms please contact Kathy Newton at (213) 738-3857 or via email at [knewton@co.la.ca.us](mailto:knewton@co.la.ca.us).

  
JOSIE MARQUEZ, Director  
Employment and Training

Attachments (2)

MM:SM:kn

# **WORKFORCE INVESTMENT ACT**

## **COMPLAINT RESOLUTIONS POLICY AND PROCEDURES ACCEPTANCE FORM**

I have been given a copy of Los Angeles County's Workforce Investment act Complaint Resolution Policies and Procedures. My signature below certifies that I have read and understand the procedures and will comply with the policies as a participant in the Workforce Investment Act funded Program.

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Participant's Signature

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Date

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Participants Name (Print)

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Staff Signature

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Date

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Staff Name (Print)

## APPLICANT ACKNOWLEDGEMENT STATEMENTS

By my signature (Applicant), I state that all information I have given on the Workforce Investment Act Application Form is, to the best of my knowledge, true and complete.

### USE OF SOCIAL SECURITY ACCOUNT NUMBER

I understand that the number will be used by the County of Los Angeles Workforce Investment Act (WIA) Agencies staff and its agents, the U. S. Department of Labor and its guarantees or contractors for payroll and management information tracking purposes, as well as to assist in determining and confirming my eligibility for Workforce Investment Act Employment/Training Services.

### APPLICATION INFORMATION CONFIDENTIAL & SUBJECT TO REVIEW

I am aware that the information being collected on this form will be stored in a computer system and that all information is confidential. I allow the use and release of the information I have provided to those agencies serving me and I am aware that the information is subject to review and verification and that I may have to provide documents to support this application or sign a form(s) which will allow other agencies to provide this information to the County of Los Angeles.

### PROTECTION AGAINST FRAUD

I further understand that either falsification of the information provided by me on the Workforce Investment Act Application form or a finding during the Verification and Certification Process of my ineligibility for WIA funded Employment/Training/Services shall be grounds for my termination from any program in which I may participate, and that I may be subject to actions for the collection of any monies received by me or prosecution under the law.

### APPLICANT RIGHT TO REVIEW FILE

I further understand that, upon my written request, all information provided by me or collected by the County of Los Angeles or its agents or contractors through the next five years pertaining to my application or eligibility for, or participation in, WIA funded programs sponsored by the County of Los Angeles will be made available to me for review.

### NEPOTISM PROVISION

I have been informed that I cannot be hired in, or accept, a public service employment position, funded by WIA, if a member of my immediate family is engaged in an administrative capacity for a County of Los Angeles WIA funded program.

### CIVIL RIGHTS AND COMPLAINTS SUMMARY FORM

1. I hereby acknowledge receipt of a civil rights and complaints summary form.
2. Do you have any immediate relatives employed by the County of Los Angeles, a WIA contractor or other governmental agency?

\_\_\_ Yes \_\_\_ No If YES, complete box #1

3. Please complete box #2

#1  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

#2 **EMERGENCY CONTACT DATA**  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_