

## **PIMA COUNTY ONE-STOP CAREER CENTER PROGRAMS POLICY STATEMENT**

You are applying for job training or job placement help at the ARIZONA@WORK Pima County One-Stop Career Center (“One-Stop”). One-Stop job programs are funded by State and Federal grants. Because of this, there is important information that you need to know before you begin a One-Stop job program.

**PLEASE READ THE INFORMATION BELOW AND INITIAL EACH STATEMENT TO SHOW THAT YOU UNDERSTAND YOUR RIGHTS AND RESPONSIBILITIES.**

\_\_\_\_\_ A. PROGRAM AVAILABILITY

Every One-Stop program has a limited number of openings. So, even though you may be eligible to participate in a particular program, there may not be an opening for you. One-Stop works hard to place you into the most suitable program, but there are no guarantees that you will be able to enter the program that you want.

\_\_\_\_\_ B. REVIEW OF ELIGIBILITY

One-Stop programs are only open to people that meet the eligibility requirements set by the Federal or State government. One-Stop might review your application and other documents on file at any time. If your file is selected for review, you may be asked to provide additional documents or proof of your eligibility to participate in the program. If you do not bring the additional information you are asked for, you will have to leave the program.

\_\_\_\_\_ C. FOLLOW-UP POLICY

One-Stop programs hope to help you obtain services and training that will lead to your successful employment. To make sure that One-Stop programs are working, people from the One-Stop might call you or your employer occasionally to see how you are doing and how the One-Stop programs can be improved.

\_\_\_\_\_ D. NEPOTISM

1. “Nepotism” is not allowed when a company or government agency gets federal or state money for job programs.
2. This means, if your wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent, or stepchild works as a manager, supervisor, or decision-maker at a company, you may not:
  - a. Be hired to work at that company;
  - b. Be placed in an on-the-job training position at that company; or
  - c. Attend any training program at that company.
3. If you are involved in a political activity at other times, you may not say or act as if you are representing the One-Stop programs.

\_\_\_\_\_ E. EQUAL EMPLOYMENT OPPORTUNITY

One-Stop and any employers that receive grant funds from the One-Stop may not discriminate against or deny participation in One-Stop programs to any person because of the person's race, color, religion, sex, national origin, age, handicap, or political beliefs. If a person holds a valid document to work in the United States, the person may not be discriminated against because of citizenship.

\_\_\_\_\_ F. POLITICAL ACTIVITY

1. As a person who cares about public policy, you might be active in partisan or non-partisan political activities such as working on a candidate's campaign, talking to your local, state or federal government officials; or attending a rally or a protest. These are important activities but, you may not participate in any political activities:
  - a. When you are being paid through a One-Stop program;
  - b. When you are in an on-the-job training position provided by a company that gets money from One-Stop; or
  - c. When you are attending any training program paid for by One-Stop.

\_\_\_\_\_ G. AFFIRMATIVE ACTION

If One-Stop is required by law to have participants from specific backgrounds, One-Stop will make every effort to comply as directed by law.

**SO YOU GET THE BEST SERVICE, PLEASE BE SURE YOU TELL THE ONE-STOP ABOUT ANY CHANGES TO YOUR ADDRESS AND PHONE NUMBER!**

**I have read and understand the Pima County One-Stop Program policies on these subjects.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Equal Opportunity Employment/Program**

Auxiliary aids and services are available upon request to individuals with disabilities

*Copy to Customer*

### **Grievance and Complaint Procedure**

A One-Stop program applicant, participant, or other person that believes he or she has not been treated equally or has been hurt by a decision that was wrong, may file a complaint using the following procedure.

#### **I. FILING PROCEDURE**

1. A complaint against a County employee may be made verbally to that employee's supervisor.
2. The supervisor will attempt to resolve the issue with the employee and the person making the complaint.
3. If, within 5 working days, no resolution has been reached by the supervisor, the person may submit a written complaint to the Program Manager who supervises that supervisor.

The written complaint should include:

- a. The name, address, phone number and signature of the person making the complaint.
- b. A clear and concise statement of facts, including dates, leading up to the decision that is the subject of the complaint.
- c. What specific resolution is the complainant requesting?
- d. Complaints should be submitted to:

Program Manager  
One-Stop Kino Career Center  
2797 E. Ajo Way  
Tucson, AZ 85713

Program Manager  
One-Stop Rio Nuevo Career Center  
340 N. Commerce Park Loop  
Tucson, AZ 85745

4. Grievances and complaints involving a contracted agency of Pima County must be filed according to that agency's grievance procedures.

#### **II. RESOLUTION**

1. The Program Manager will attempt to reach a resolution with the person making the complaint, the supervisor, and involved staff. Within 10 working days of receiving the complaint, the Program Manager will issue a decision in writing.
2. Grievances involving a contracted agency of Pima County must show an attempt at resolution through that agency's internal procedures. If resolution is not obtained at the agency level, the individual may appeal to the Director of the Pima County Community Services, Employment and Training Department.

#### **III. APPEAL**

1. The person making the complaint has 10 working days from the date of the Program Manager's or contracted agency's decision to file a written appeal with the Department Director. The appeal should include all of the information that was in the initial complaint and also describe the attempts at resolution with relevant dates. The appeal should be submitted to:

Department Director  
Pima County Community Services, Employment & Training Department  
2797 E. Ajo Way, Tucson, AZ 85713

2. The Department Director then has thirty (30) working days to schedule and hold a hearing.
3. The person making the complaint shall be notified in writing of the date, time and place of a formal hearing, including the opportunity to present evidence.
4. The hearing officer may be the Department Director or a designee other than the Program Manager who first reviewed the written complaint. The hearing officer will issue a determination within ten (10) working days after the hearing.
5. An appeal may be made to the funding agency, if applicable.

WIOA Administrator, Department of Economic Security  
P.O. Box 6123, Site Code 920-Z  
Phoenix, AZ 85005

The request for review shall be filed within 20 days from the date on which the complainant should have received a decision. The Arizona Department of Economic Security, WIOA Administration shall issue a decision within 30 days.

*Other funding agency contact information (to be completed by Intake Team):*

6. Any and all of the mandated time frames for processing complaints after they have been filed may be waived, when necessary, by written consent of all affected parties.
7. Complaints of discrimination on the grounds of race, color, national origin, age, sex, religion, political affirmation of belief, shall be sent directly to:

Directorate of Civil Rights, U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, D.C. 20210
8. Any and all of the mandated time frames for processing complaints after they have been filed may be waived, when necessary, by written consent of all affected parties.

**I have read and understand the Pima County One-Stop Program policies on these subjects.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Employment/Program**  
Auxiliary aids and services are available upon request to individuals with disabilities