

**CFWDB Policy No. P-WDB-014-2018**

**Subject** *Policy on Notification of Civil Rights and Grievance/Complaint Procedures*

**Purpose** As required by Federal law, it is the policy of the Cape Fear Workforce Development Board, that all persons be made aware of their equal opportunity rights and that there be procedures in place to process grievances and complaints alleging discrimination.

**Background** DWS Policy Statement (PS) 07-2018; USDOL Training and Employment Notice 1-15; Promising Practices in Achieving Universal Access and Equal Opportunity: A Section 188 Disability Reference Guide; USDOL Training and Employment Guidance Letter 37-14 Update on Complying with Non-Discrimination Requirements: Discrimination Based on Gender Identity, Gender Expression and Sex Stereotyping are Prohibited forms of Sex Discrimination in the Workforce Development System.

**Discussion** It is against the law for the recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

**Action** WIOA staff, supervisors, or community partners should, at minimum, adhere to the following standards:

- That no benefits or services may be denied to a participant because of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin, age, handicap (disability), political affiliation or belief, reprisal for filing a grievance, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. Testifying or agreeing to testify in any investigation or proceeding

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related to WIOA; or denying benefits to any individual to which that individual is entitled;

- That a participant may not be segregated or treated any differently from other participants while they are being registered, interviewed, counseled, or tested, or while they are attending classes as part of their WIOA training participation; and
- That each participant must be provided an equal opportunity to use all facilities available during their WIOA participation.
- That each WIOA and Career Center staff person has the ability to assist any individual with receiving Career Center services, regardless of language and physical barriers as outlined in the attachments.
- Designating an “in-house” equal opportunity officer who is responsible for the following: assuring discrimination does not occur, developing an internal complaint procedure, and disseminating this information to employees and participants.
- The Equal Opportunity is the Law poster must be displayed in public locations in each Career Center and within each office where WIOA services and partner services are provided in both English and Spanish.
- The Equal Opportunity is the Law Notice, the Disclosure and Release Form, and the WIOA Program Participant Rights, Benefits, and Complaint Procedures form must be given to each participant enrolled in WIOA Training services.
- A copy of the signature page signed by both the WIOA Training program participant and the Case Manager for each document listed above, should be scanned/uploaded into NCWorks and saved as participant first name. participant last name. EO docs (example: jane.smith.EOdocs)

- The following statements must appear at the bottom of all correspondence, brochures, pamphlets, letterhead, etc.:

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- Should your NCWorks Career Center, One-stop Location, or WIOA Contracting Agency need additional guidance on achieving Universal Access and Equal Opportunity, refer to the USDOL Promising Practices in Achieving Universal Access and Equal Opportunity: A Section 188 Disability Reference Guide at <https://www.dol.gov/oasam/programs/crc/Section188Guide.pdf>

**Effective Date** February 26, 2018

**Updated:** March 11, 2020

**Expiration Date** Indefinitely

**Contact** CFWDB WIOA Equal Opportunity Officer

**Distribution** CFWDB WIOA Programs Contractors, NC DWS Career Center Staff, all Career Center Partners that provide services within a Career Center

**Attachments**  
*Attachment A* – EO is the Law Notice/Poster English  
*Attachment B* – EO is the Law Notice/Poster Spanish  
*Attachment C* – WIOA Program Participant Rights, Benefits, and Complaint Procedures  
*Attachment D* – Complaint Form  
*Attachment E* – CFWDB EO Complaint Log  
*Attachment F* – American Sign Language Procedures  
*Attachment G* – “I Speak” Identification Cards  
*Attachment H* – LEP Resources and UIB Instructions  
*Attachment I* – LEP Assistance in the Career Center

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**ATTACHMENT "A"**

**EO is the Law Poster**

**English**

# Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

## **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

**Karen Schraml**  
**Compliance/EO Officer**  
**Cape Fear Council of Governments**  
**1480 Harbour Drive, Wilmington, NC 28401**  
**Phone: (910) 395-4553 ext. 222**  
**[kschraml@capefearcog.org](mailto:kschraml@capefearcog.org)**

or

**Director**  
**Civil Rights Center**  
**U.S. Department of Labor**  
**200 Constitution Avenue, NW, Room N-4123**  
**Washington, DC 20210**

or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Updated: February 12, 2018

**ATTACHMENT "B"**

**EO is the Law Poster**

**Spanish**

## LA IGUALDAD DE OPORTUNIDAD ES LA LEY

La ley prohíbe que este beneficiario de asistencia financiera federal discrimine por los siguientes motivos: contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto y las condiciones médicas relacionadas, y los estereotipos sexuales, el estatus transgénero y la identidad de género), origen nacional (incluyendo el dominio limitado del inglés), edad, discapacidad, afiliación o creencia política, o contra cualquier beneficiario, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Innovación y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título I de WIOA.

El beneficiario no deberá discriminar en los siguientes áreas: decidiendo quién será permitido de participar, o tendrá acceso a cualquier programa o actividad que recibe apoyo financiero bajo el Título I de WIOA; proporcionando oportunidades en, o tratar a cualquier persona con respecto a un programa o actividad semejante; o tomar decisiones de empleo en la administración de, o en conexión a un programa o actividad semejante.

Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas con discapacidades sean tan efectivas como las comunicaciones con los demás. Esto significa que, a petición y sin costo alguno para el individuo, los recipientes están obligados a proporcionar ayuda auxiliar y servicios para individuos con discapacidades calificados.

### QUE DEBE HACER SI CREE QUE HA SIDO DISCRIMINADO

Si usted piensa que ha sido discriminado en un programa o actividad que recibe apoyo financiero bajo el Título I de WIOA, usted puede presentar una queja no más de 180 días después de la fecha en que ocurrió la presunta violación, ya sea con: El oficial de igualdad de oportunidad del recipiente (o la persona que el recipiente haya designado para este propósito);

**Karen Schraml, Compliance/EO Officer, Cape Fear Council of Governments**

**1480 Harbour Dr. Wilmington, NC 28401**

**Phone: (910) 395-4553 ext. 222**

**kschraml@capefearcog.org**

**O:**

**Director, Civil Rights Center (CRC), U.S. Department of Labor**

**200 Constitution Avenue NW, Room N-4123, Washington, DC 20210**

**o electrónicamente como indica el sitio web del CRC [www.dol.gov/crc](http://www.dol.gov/crc).**

Si usted presenta una queja con el recipiente, usted debe esperar hasta que el recipiente emita una decisión final escrita o que pasen por lo menos 90 días (lo que ocurra primero), antes de presentar una queja con el Centro de Derechos Civiles (CRC, por sus siglas en inglés) a la dirección mencionada previamente. Si el beneficiario no le entrega una decisión final escrita dentro de 90 días después de la fecha en que presento su queja, usted puede presentar su queja con el CRC antes que reciba la decisión final. Sin embargo, es necesario presentar su queja con el CRC dentro de 30 días después de la fecha límite de 90 días (en otras palabras, dentro de 120 días después de la fecha en que presento la queja con el recipiente). Si el recipiente emite una decisión final escrita, pero usted no está satisfecho con el resultado o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja con el CRC dentro de 30 días después que reciba la decisión final escrita.

Updated: 2/12/2018

**ATTACHMENT "C"**

**WIOA Program Participant Rights, Benefits, and Complaint  
Procedures**



## WIOA Program Participant Rights, Benefits, and Complaint Procedures

### CFWDB Procedure No. PR-WDB-003-2018

#### **EQUAL OPPORTUNITY/NONDISCRIMINATION COMPLAINTS**

Any person who believes that he or she or any specific class of individuals has been or is being:

1. excluded from participation in;
2. denied the benefits of;
3. subjected to discrimination under; or
4. denied employment in the administration of or in connection with any Workforce Innovation and Opportunity Act (WIOA) funded activity or program, on the grounds of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

*An Equal Opportunity/Nondiscrimination Complaint can be filed with the following individuals:*

- The WIOA Contractor's/Career Center's EO Officer
- The Local Area Equal Opportunity Officer
- The State Equal Opportunity Officer
- Or the Director of the Civil Rights Center

A complaint filed based on the above grounds must be filed within 180 days of the alleged discrimination, unless extended by the Director of the Civil Rights Center for good cause shown. Each complainant and respondent has the right to be represented by an attorney or other individual of his or her choice.

#### **Complaints filed at the Contractor/Career Center Level**

Any person/class of individuals receiving WIOA Title I services who believes they are or have had their Equal Opportunity Rights violated has the right to complain to the agency or Career Center that provides those services. You can obtain the contact information for the agency's or Career Center's Equal Opportunity Officer through the WIOA Case Managers, Career Center Personnel, or by calling the agency that is providing those services. If the complainant is uncomfortable with bringing their complaint to the agency, they can file their complaint at another level.

**Complaints at the contractor level must first exhaust available remedies established in contractor procedures before being subject to Local Area review. Hearings on any program complaint**

must be conducted by the contractor and a written decision rendered within 10 days of filing. If a complaint does not receive a decision at the contractor level within 10 days of the filing or receives an unsatisfactory decision, the complainant may request a review of the complaint by the CFWDB Local Area. Such request must be filed within 5 days of receipt of the contractor decision or within 5 days of the date a decision should have been received, whichever is earlier.

### **Complaints filed at the Local Area Level**

Any person who elects to file his or her complaint with the Local Area must allow 40 days (inclusive of time at the contractor level) to process the complaint and allow 50 days for the State (Division of Workforce Solutions) to receive and review the complaint, if applicable.

1. All complaints must be filed in writing, signed by complainant or authorized representative. The Cape Fear Complaint Form is to be used that includes the following information:
  - a. The full name, address and telephone/TTY number of the complainant (or specify another means of contact);
  - b. The full name and address of the person or agency against whom the complaint is made;
  - c. A clear, concise statement of the act or acts considered to be a violation;
  - d. Other information that will help to explain and resolve the complaint.

Complaints filed with the Local Area should be sent to:

<p>Karen Schraml Compliance/EO Officer Cape Fear Council of Governments 1480 Harbour Drive Wilmington, NC 28401 910-395-4553 (telephone) 910-395-2684 (fax) <a href="mailto:kschraml@capefearcog.org">kschraml@capefearcog.org</a> (email)</p>
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2. Hearings on any complaint filed with the Local Area must be conducted and a decision issued within 30 days of filing.
3. Complaint hearing procedures include the following:
  - a. Reasonable notice to all parties by email, or registered or certified mail;
  - b. A statement of the date, time and place of the hearing;
  - c. A statement of the authority and jurisdiction under which the hearing is to be held;
  - d. A reference to the particular section of the Act, regulations, grant or other agreement under the Act involved;
  - e. Notice to the parties of the specific charges involved;

- f. The right of both parties to be represented by legal counsel or other individuals of his or her choice;
  - g. The right of each party to present evidence, both written and through witnesses;
  - h. The right of an impartial decision maker who has not been directly involved in the events from which the complaint arose; and
  - i. A written decision made strictly on the recorded evidence must be rendered within the prescribed time frame.
4. Complete records and documentation will be kept in each contested case, including minutes of testimony, data submitted, findings, appeals and final decisions.
  5. Decisions will be made not later than 40 days from the filing of the complaint at the first level.

#### **Complaints filed at the State Level**

If a complainant does not receive a decision at the local level within 25 days of the filing of the complaint or receives an unsatisfactory decision, the complainant has the right to request a review of the complaint by the State (Division of Workforce Solutions). Requests for such review must be submitted to:

Mail: Jessica Englert  
Assistant Secretary  
NC Department of Commerce  
Division of Workforce Solutions  
4316 Mail Service Center  
Raleigh, NC 27699-4316  
Physical Address: 313 Chapanoke Road, Suite #120  
Attention: Mose Dorsey  
Email: [mdorsey@nccommerce.com](mailto:mdorsey@nccommerce.com)  
Phone: (919) 814-0419

Such requests must be filed within 5 days of receipt of the adverse decision or 5 days from the date on which the complainant should have received a decision, whichever is earlier. The Division will conduct a review of the complaint and issue a decision within 30 days from the date of receiving the review request.

#### **Complaints filed at the Federal Level**

Should the State Level provide a decision unsatisfactory to the complainant or fail to provide one, the complainant may file a complaint with the Director of the Civil Rights Center of the U.S. Department of Labor. Such requests must be submitted within 30 days of the State Level decision, or 90 days from the date the complaint was initially filed at the local level, whichever is earlier.

Complaints filed with the Director of the Civil Rights Center must be sent to:

Mail: Director Civil Rights Center  
ATTENTION: Office of External Enforcement  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210  
Fax: (202) 693-6505  
ATTENTION: Office of External Enforcement (limit of 15 pages)  
Email: CRCEXternalComplaints@dol.gov

**Local Area Record Keeping Regarding Complaints**

The Local Area will maintain a log of complaints filed. The log will include:

- the name and address of the complainant;
- the grounds of the complaint;
- a description of the complaint;
- the date the complaint was filed;
- the disposition and date of disposition of the complaint; and
- other pertinent information.

Information that could lead to a particular individual as having filed a complaint shall be kept confidential. Records regarding complaints and actions taken will be maintained for a period not less than 3 years from the date of resolution of the complaint and made available to the Director of Civil Rights Center or the State upon request. Information concerning all complaints will be kept confidential.

**Alternative Dispute Resolution (29 CFR 38.85)**

The complaint processing procedures provide for alternative dispute resolution (ADR). The complainant shall have the choice of pursuing the customary investigation process of using the alternative dispute resolution process. In North Carolina, the Division of Workforce Solutions has selected the mediation process as its alternative dispute resolution (ADR).

If the complainant chooses to use ADR procedures, a party to any agreement reached under ADR may file a complaint with the Director of the Civil Rights Center in the event the agreement is breached. In such circumstances the following rules will apply:

- 1) the non-breaching party may file a complaint with the Director of the Civil Rights Center within 30 days of the date on which the non-breaching party learns of the alleged breach;
- 2) the Director of the Civil Rights Center must evaluate the circumstances to determine whether the agreement has been breached. If he or she determines that the agreement has been breached, the complainant may file a complaint with the CRC based on his/her original allegation(s), and the Director of the Civil Rights Center will waive the time deadline for filing such a complaint; and
- 3) if the parties do not reach agreement under ADR, the complainant may file a complaint with the Director of the Civil Rights Center.

### **Corrective and Remedial Actions**

Corrective and remedial actions are designed to completely correct EO violations and include:

- Potential findings discussed during an exit interview after Equal Opportunity Monitoring of the Career Center and WIOA Contractor, or after an EO complaint has been addressed;
- If not fully resolved at that time, the finding is documented in a written report provided to the WIOA Contractor and Career Center with a designated deadline for compliance with individualized corrective action requirements designed to completely correct each violation and a written response/documentation to the Local Area; or
- As appropriate, corrective action requirements would include retroactive relief and an action plan to minimize the likelihood of future violations.

**Cape Fear Workforce Development Board Grievance & Complaints Procedures**

I hereby, certify that I have been explained the Grievance and Complaints Procedures related to Equal Opportunity and Non-Discrimination Complaints and Non-Criminal Program Complaints and do notate by my signature below that I have also been given a copy of this document.

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Participant's Signature

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Date

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Parent's Signature  
(required for youth under age 18)

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Date

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Contractor / Case Manager's Signature

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Date

***NOTE: WIOA staff must ensure that this page is signed and a copy is given to the participant.***

**ATTACHMENT "D"**  
**Complaint Form**



**EQUAL OPPORTUNITY/NONDISCRIMINATION COMPLAINT FORM**

**PLEASE TYPE OR PRINT**

***Person Making Complaint:***

Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/TTY: \_\_\_\_\_

Email: \_\_\_\_\_

***Who is the Complaint Against:***

Individual's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

***Which County Career Center Does/Did the Person Making the Complaint Attend:***

Brunswick      Columbus       New Hanover       Pender

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**CAPE FEAR  
COUNCIL OF GOVERNMENTS**



***What is the basis for the complaint?***

I am filing this complaint as a result of the belief that I have been or am being:

- Excluded from participation in the Workforce Innovation and Opportunity Act (WIOA) program
- Denied the benefits of the WIOA program
- Subjected to discrimination or denied employment in the administration of or in connection with any WIOA funded activity or program, on the grounds of:
  - race       color       religion       age       disability
  - political affiliation or belief       national origin (including limited English proficiency)
  - sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity)
  - FOR BENEFICIARIES ONLY: on the basis of the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity

***Type or Print a clear and concise statement of the act/acts considered to be a violation of the EO Law:***

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***Date of Alleged Violation:*** \_\_\_\_\_

*Equal Opportunity Employer/Program  
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COUNCIL OF GOVERNMENTS**



***Any other information that will help explain and resolve the complaint:***

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***Please sign and date this form:***

***Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Mail this form to the attention of:***

***Karen Schraml, Compliance/EO Officer  
Cape Fear Council of Governments  
1480 Harbour Drive  
Wilmington, NC 28401***

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**ATTACHMENT "E"**

**CFWDB EO Complaint Log**

**CFWDB Equal Opportunity Complaint Log**  
**PY July 1, 2019 – June 30, 2020**

Name and address of complaint	Ground or basis of complaint	Description of complaint	Date the complaint was filed	Disposition of complaint and date of issuance	Any other pertinent information
001					
002					
003					
004					
005					
006					

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**ATTACHMENT "F"**  
**American Sign Language Procedures**

## **American Sign Language Procedures**

**CFWDB Procedure No. PR-WDB-004-2018**

**Effective Date: February 28, 2018**

*To find an ASL Interpreter:*

1. Go to - <https://www.ncdhhs.gov/sign-language-interpretertransliterator-directory>
2. Choose a region
3. Contact the interpreter and set an appointment
4. Once the interpreter has completed the service, complete the Agreement and Invoice for Interpreter Services form and fax over to DWS at (919) 662-4659. (The Agreement and Invoice for Interpreter Services form will be in a separate attachment.)

**ATTACHMENT "G"**  
**"I Speak" Language Identification Card**

## I Speak Identification Cards

Instructions: Place a check by the language spoken. ✓

<input type="checkbox"/>	Mark this box if you read or speak English	English
<input type="checkbox"/>	Marque esta casilla si lee o habla Español.	Spanish
<input type="checkbox"/>	تملاع على اذنه لارم عبادا: نك ارفقتوا لا ملاك ني غللا علابة	Arabic
<input type="checkbox"/>	Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	Bengali
<input type="checkbox"/>	ကျွန်တော်/ကျွန်မ မြန်မာ လို ပြောတတ် ဝါတယ်။	Burmese
<input type="checkbox"/>	សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	Cambodian
<input type="checkbox"/>	Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	Chamorro
<input type="checkbox"/>	标记此选框，如果你读或讲简体中文	Simplified Chinese
<input type="checkbox"/>	標記此選框，如果你讀或講傳統中文	Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	Dutch
<input type="checkbox"/>	اگر خواندن ونوشتن فارسی بدرهستين، اين مربع را علامت بگذاريد.	Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस गोले पर चिह्न लगाएँ।	Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	Ilocano



# I Speak Identification Cards

Instructions: Place a check by the language spoken. ✓

<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ .	Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	Polish
<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți Românește.	Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	Serbian
<input type="checkbox"/>	Waxaan ku hadlaa af-Soomaali	Somali
<input type="checkbox"/>	Ninaongea Kiswahili	Swahili
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	Tongan
<input type="checkbox"/>	Türkçe biliyorsanız, bu kutuyu işaretleyiniz.	Turkish
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں.	Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ.	Vietnamese
<input type="checkbox"/>	צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש.	Yiddish

Source: Language Identification Flashcard – 2004 Census Test  
U.S. Census Bureau, Economics and Statistics Administration, U.S. Department Of Commerce  
[www.lep.gov/ISpeakCards2004.pdf](http://www.lep.gov/ISpeakCards2004.pdf)

Equal Opportunity Employer/Program  
Auxiliary Aids and Services are Available Upon Request to Individuals with Disabilities

**ATTACHMENT "H"**  
**LEP Resources and UIB Instructions**

## LEP Resources and UIB Instructions

### **LEP Resources**

Staff - LEP Resource Guide: <https://www.lep.gov/>

Websites used for translation:

1. <https://translate.google.com/>
2. <http://www.bing.com/translator>
3. <http://translate.reference.com>
4. <https://www.freetranslation.com/>
5. <http://imtranslator.net/translate-and-speak>
6. <https://www.linguisticainternational.com/>

Websites used for job search, training, etc.:

7. <https://www.miproximopaso.org/> or [www.mynextmove.org](http://www.mynextmove.org)
8. <https://www.onetcenter.org/>
9. <http://www.careeronestop.org/>
10. <http://www.myskillsmyfuture.org/>

Websites used to learn new language:

11. <http://www.businessspanish.com/>
12. <http://www.word2word.com/course.html>
13. <http://www.bbc.co.uk/languages/>

### **UIB Instructions for LEP Clients**

Steps to Assist LEP Customers with Unemployment Insurance Benefits

1. If the customer visits the Career Center **ONLY** to ask about or discuss Unemployment Benefits, go to the Division of Employment Security (DES) website at <https://desncc.com> and click on "Other Languages" near the top of the webpage.
2. Select one of 27 language options from the drop-down box.
3. Type in the customer's first name, last name, phone#, and email address.
4. Type a message to DES asking them to contact the customer and to arrange an interpreter to assist them in discussing the client's unemployment questions.

**Please note that the customer does NOT have to have a claim established to receive this assistance. Inform the customer that a staff person will contact them within 48 hours.**

**ATTACHMENT "I"**  
**LEP Assistance in the Career Center**

### STEPS CAREER CENTER STAFF SHOULD TAKE WHEN ASSISTING LEP CUSTOMERS

Should a LEP customer come to the office with their own interpreter (e.g. a friend or relative), what do you do?

1. It is imperative to let the customer know that there might be sensitive information that will be shared. Determine if he/she agrees to proceed.
2. If the customer indicates yes, then proceed.
3. If the customer indicates no, we would need to find an interpreter who speaks the customer's language.

Should a LEP customer come to the office without an interpreter, what do you do?

1. It is very important to ask the client if he/she would like an interpreter. If the person agrees, then we would:
  - a. Tell the client "Please wait a moment." Determine if there is a person in the office who speaks the appropriate language. The "I Speak Identification Card" and the www.bing.com/translator or www.translate.google.com websites can be used to identify the language the customer speaks and to let the customer know we are looking for someone who can speak their language. Check the LEP directory for available staff (who speaks the appropriate language) in the immediate area (first). Check statewide, if necessary, secondary.
  - b. DWS is responsible for providing an interpreter for LEP customers. If we are unable to find an interpreter using staff, we will need to make arrangements to provide an interpreter. (Please advise the customer that it might take 2-3 business days. If customer agrees, schedule an appointment to come back in 2-3 business days).
  - c. We would then verify with our partners, community agencies, etc., to locate a skilled interpreter.
  - d. If you are unable to locate an interpreter using local resources, contact our State LEP Coordinator, Mose Dorsey (919) 814-0419 for assistance.
2. If the customer is here ONLY to ask about or discuss Unemployment Benefits, go to the DES website at https://des.nc.gov/des and click on "Select Language" near the top.
  - a. Select one of 27 language options from the drop-down box.
  - b. Type in the customer's first name, last name, phone#, and email address.
  - c. Type a message to DES asking them to contact the customer and to arrange an interpreter to assist them in discussing the client's unemployment questions.
  - d. Please note that the customer does NOT have to have a claim established to do this.
  - e. Inform the customer that a staff person will contact them within 48 hours.