



Authorization for Release/Exchange of Confidential Information

This form is to be used by Job Center Partner Agencies involved in providing services to customers named below in order to facilitate sharing of information and protection of confidentiality. When completed and added to the customer's file, the form allows agencies (as initialed below) to share information on an as needed basis to assist the customer to reach his/her employment and training goals.

CUSTOMER INFORMATION

Name

Social Security #

County

Agencies to Receive/Exchange Information	
(Initial each agency this release/exchange of information applies to. Annotate specific agencies as needed.)	
<input type="checkbox"/>	Catholic Charities
<input type="checkbox"/>	Child Support Agency
<input type="checkbox"/>	Community Action Program/Council
<input type="checkbox"/>	Department of Health & Human Services
<input type="checkbox"/>	Domestic Abuse Agency
<input type="checkbox"/>	Division of Vocational Rehabilitation (DVR)
<input type="checkbox"/>	Employers
<input type="checkbox"/>	Families First
<input type="checkbox"/>	Family and Children's Center
<input type="checkbox"/>	Veteran Services
<input type="checkbox"/>	Church
<input type="checkbox"/>	UW-Extension
<input type="checkbox"/>	Workforce Connections, Inc.
<input type="checkbox"/>	Garage: _____
<input type="checkbox"/>	Dealership: _____
<input type="checkbox"/>	Riverfront, Inc.
<input type="checkbox"/>	CCCS

Type of Information to be Released/Exchanged)	
(Initial each type of information this release/exchange of information applies to.)	
<input type="checkbox"/>	Financial Verification
<input type="checkbox"/>	Academic Schedules/Attendance/Grades
<input type="checkbox"/>	Wage Information
<input type="checkbox"/>	Employment Information
<input type="checkbox"/>	Academic Assessment
<input type="checkbox"/>	Physical Restrictions
<input type="checkbox"/>	Program Eligibility
<input type="checkbox"/>	W-2/Food Stamp Services
<input type="checkbox"/>	Car Insurance Eligibility/Quote
<input type="checkbox"/>	Transportation related needs
<input type="checkbox"/>	Other _____

Workforce Connections, Inc
Transportation Connections
 PO Box 2908
 LaCrosse, WI 54602

This consent of release of information expires **12/31/09**. I understand that I have the right to inspect and receive a copy of the material(s) disclosed, and a copy of this consent form. I understand this consent may be revoked upon written requests; however, information may have been release before receipt of notice of revocation.

Signature Date

WORKFORCE CONNECTIONS, INC. RACE AND ETHNICITY/DISABILITY STATUS SURVEY

Workforce Connections, Inc. affirms its commitment to actively implement all appropriate equal employment opportunity and affirmative action policies, laws, rules, and regulations. Workforce Connections reviews its EEO/AA policies and practices on an annual basis and revises as necessary to maintain effectiveness and relevance. In order to remain compliant and to meet our Civil Rights reporting requirements, we survey clients to gather information.

All information collected will be confidential and will be used only for reporting purposes. Recent changes in data collection requirements have resulted in a separation of data about ethnicity from data on race.

This form is optional and is for reporting purposes only.

Ethnicity

Hispanic/Latino
Not Hispanic/Latino

Race

African American or African
American Indian or Alaska Native
Asian
Native Hawaiian or other Pacific Islander
White
More Than One Race

Disability Status

Are you a person with a disability?

Yes
No

Workforce Connections, Inc.
Transportation Connections
PARTICIPANTS RIGHTS and RESPONSIBILITIES

As an applicant for assistance in Transportation Connections, you are protected from discrimination by Federal and State Equal Opportunity laws and regulations. You shall not be discriminated against, denied benefits, denied employment or excluded from participation in any available Transportation Connections program on the basis of race, color, religion, sex, national origin or ancestry, age, disability, marital status, offender status, sexual orientation, political affiliation or belief, arrest or conviction record, either citizenship/status as a lawfully admitted immigrant authorized to work in the U.S., or refusal to submit to sexual contact or sexual intercourse.

If you feel you have been discriminated against or otherwise treated unfairly by Workforce Connections, you have the right to file a grievance. Contact Workforce Connections, Inc., P.O. Box 2908, La Crosse, WI 54602-2908 within one year of the alleged violation.

To participate in Transportation Connections you must be a citizen of the U.S. or a lawfully admitted immigrant authorized to work in the U.S. Since Transportation Connections funds are limited, being eligible for Transportation Connections does not mean you have a right to receive services – many factors are taken into account in deciding who will be selected to receive services.

APPLICANT RIGHTS

If you meet the minimum income requirements, you have the right to expect that:

1. You will receive information on the full array of applicable or appropriate services that are available through the Workforce Development Area or other service/one-stop providers, including those receiving funds under WETAP and New Freedom.
2. If you do not meet the enrollment requirements or if you cannot be served, you shall be referred to the Workforce Development Area for further assessment as necessary and you will be referred to appropriate programs to meet your transportation needs.

PARTICIPANTS RIGHTS

If you are enrolled in the Transportation Connections Program, you have the right to expect that:

1. You will receive an objective assessment of your transportation needs.
2. In conjunction with program staff, an individualized transportation strategy, based upon your assessment, will be developed (or a recently developed strategy will be used), that will identify your transportation goals, appropriate achievement objectives, and appropriate services including a review of progress in meeting the objectives.
3. You may be referred to other transportation programs or services, as appropriate, to assist you in meeting your transportation plan.
4. Basic car maintenance training, credit counseling, and supportive services may be provided either directly or through arrangement with other programs, where the assessment and service strategy indicate that such services are appropriate.

5. If you have any known physical or mental limitations, you will be provided with reasonable accommodations, unless these accommodations can be shown to impose undue hardship on the operation of the program.
6. The confidentiality and privacy of your records will be respected and protected as provided by law.

PARTICIPANTS RESPONSIBILITIES

If you are enrolled in the Transportation Connections program, you have the following responsibilities:

1. To provide complete and factual information to intake interviewers and person authorized to conduct verification of eligibility.
2. To make every possible effort to benefit from the training and services provided to you with the goal of maintaining and securing reliable transportation.
3. To report instances in which you are unable to participate in training activities.

If you have any questions regarding your rights and responsibilities as a WETAP applicant or participant, feel free to discuss them with your Transportation Coordinator or contact Workforce Connections, 402 N 8th St, 3rd Floor, P.O. Box 2908, La Crosse, WI 54602-2908, 608-789-5620 or 1-800-PIC-JOBS.

<p>Equal Opportunity Programs Auxiliary aids and services available upon request TTY Users call through the Wisconsin Relay System 1-800-WI-RELAY (947-3529)</p>
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**WORKFORCE CONNECTIONS, INC.
GRIEVANCE PROCEDURES**

Workforce Connections, Inc. employment applicants, employees, program applicants and program participants have the right to enter into the grievance process to resolve disputes. Any individual in grievance investigations are protected from retaliation, are permitted to have translators, interpreters, and/or readers and representatives of their choice during the grievance process. The grievance procedures are as follows:

1. To file a grievance with Workforce Connections, Inc., please use the grievance form outlined below. Grievances that are non-discriminatory in nature must be filed within 90 days of the alleged occurrence. Please send the completed form to:
 Teresa Pierce, EO Officer
 Workforce Connections, Inc.
 P.O. Box 2908
 LaCrosse, WI 54602
2. Upon receipt of the attached form, the EO Officer will contact the respective Workforce Connections, Inc. Department/Unit responsible, and request the informal resolution to the grievance be initiated. If informal resolution is achieved, no further action will be taken.
3. If informal resolution is not achieved, the Department/Unit Lead will submit the status of the grievance to the EO Officer for formal resolution.
4. The EO Officer will send a written acknowledgement of the grievance within five working days of receipt from the respective Department/Unit Lead. If necessary, the grievant may be asked to participate in a discussion regarding the grievance as scheduled by the EO Officer within fifteen days of the receipt of the complaint by the EO Officer.
5. After an investigation, a preliminary decision will be sent in writing from the EO Officer to the grievant within twenty days of receipt of the grievance from the respective Department/Unit Lead.
6. If the preliminary decision does not resolve the issue, a written appeal can be submitted to the Executive Director of Workforce Connections, Inc. within five days of receipt of the preliminary decision. Instructions for filing an appeal will be provided with the preliminary decision.
7. The Executive Director of Workforce Connections, Inc. will provide a written decision within twenty days of receipt of the written appeal. The decision letter will uphold or reverse the preliminary decision.

If the grievance stems from what the grievant believes to be discrimination related to: race, color, religion, sex, national origin, age, disability, political affiliation or belief, please see the contact information outlined below. A grievance must file with the appropriate agency within 180 days of the alleged occurrence.

PROGRAM	AGENCY
Wisconsin Works (W-2), Child Support, Emergency Assistance, Food Stamp Employment and Training, Learnfare, Day Care, Community Service Jobs, (W-2) Transitions, Job Access Loans, Refugee Services, Workforce Investment Act (WIA), Wisconsin Employment Transportation Assistance Program (WETAP)	Wisconsin Dept. of Workforce Development Division of Workforce Solutions ATTN: Equal Opportunity Officer P.O. Box 7972 Madison, WI 53707-7972 V/TDD: 608-266-6889
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DWD funding.	Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: 608-266-6860 TDD-Hearing Impaired: 608-264-8752 OR Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: 414-227-4384, TDD: 414-227-4081

Youth Offender (X-Treme Opportunities)	Teresa A. Pierce, Director of Operations Equal Opportunity Officer Workforce Connections, Inc 402 North 8 th Street LaCrosse, WI 54602 Voice: 608-769-5602 TTY: 800-WI-RELAY (947-3529) OR Annabelle T. Lockhart, Director Civil Rights Center US Department of Labor 200 Constitution Ave. NW, Room N—4123 Washington, D.C. 20210 Voice: 202-693-6502
Medical Assistance Service, Women Infants and Children, Food Stamps, BadgerCare, Senior Care, Child Placement Services, Medicaid, Community Aid, and other programs administered by the WI Dept. of Health and Family Services.	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 536707 Voice: 608-266-9372, TDD: 608-266-2555
You also have the right to file a formal complaint with a federal agency.	
Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.	U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693
Formal Discrimination Complaint about any program.	U.S. Dept of Justice Civil Rights Division 10 th and Pennsylvania Ave., NW Washington, D.C. 20530 Telephone: 202-514-0301, TDD: 800-800-3302
Formal Discrimination Complaint for Food Stamps.	Administrator, Food and Nutrition Service 3101 Park Center Drive Alexandria, VA 22302 OR Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20 th Floor Chicago, IL 60604 Voice: 312-353-1457 OR U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Telephone: 414-297-1111, TDD: 414-297-1115 The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Telephone: 312-353-2158, TDD: 312-353-2158

**Workforce Connections, Inc.
GRIEVANCE FORM**

If you need help completing this form please contact:

Equal Opportunity Coordinator Teresa Pierce	Phone (Voice) (608)769-5602	Phone (TTY) 1-800-947-3529
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Name of Individual filing the Grievance	Phone Number ()
Address (number, street, city, state, zip code)	

Basis for Service Complaint: Please describe the action or treatment which you think was inappropriate: Please include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the dates of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached if you need to add pages.

Name of the Program, Employee or Employer Against Whom the Grievance is Filed:	
Outline what you think should be done to address/correct this issue.	
Signature of Grievant or Grievant Representative	Date
Signature of Individual Receiving the Grievance	Date
Action taken by Department/Unit Lead <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status	

Action taken by EO Officer <input type="checkbox"/> Grievance Resolved: If so, how and date. <input type="checkbox"/> Grievance Unresolved: Please outline status	
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GRIEVANCE FORM ACKNOWLEDGEMENT

I, _____, acknowledge and attest that I have received a copy of
(Print Name)

the Workforce Connections, Inc. Grievance Form.

Individual's Signature: _____ Date _____

WCI Staff Signature: _____ Date _____