



EO Notice and Grievance/Complaint Procedure Acknowledgment

Actualizing BioHealth Career Pathways

EQUAL OPPORTUNITY NOTICE

Equal Opportunity Is the Law: It is against the law for EMI (EMI) 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, political affiliation or belief, or, against any beneficiary of, applicant to, or participant in financially assisted programs or activities.

EMI must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any 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.

EMI 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 financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with:

Carrie Hersh
Equal Opportunity Officer
Employ Milwaukee
Milwaukee, WI 53205
(414) 270-1726; TRS Relay Number 711
Carrie.Hersh@employmilwaukee.org

GRIEVANCE PROCEDURE

I. Procedures for Complaints of a Noncriminal Nature

You have rights as a program applicant, participant, or employee. If you believe your rights have been violated, program regulations have not been adhered to, or you have been discriminated against, then you have the right to file a complaint.

A. Complaints Must Be in Writing and Should Include the Following Information

1. Your name, address, and telephone number.
2. The name, address, and telephone number of the person or agency the complaint is against.
3. A clear and concise statement of the facts, including dates, constituting the alleged violation.
4. The parts of the program regulations that you believe were violated (where known).
5. Whether you have filed this complaint with any other authority, and if so, with whom.
6. What resolution would be acceptable to you.

B. Complaints Which Do Not Involve Discrimination

Your written complaint should be directed to the Complaint Officer of the service or training provider or work site and must be filed within one year after the alleged violation took place.

After the complaint is properly filed, it will be investigated. After the investigation is completed, you will have the opportunity to discuss the findings and hopefully be able to resolve your complaint through informal channels. If you are not satisfied with the result of the informal resolution process, you have the right to a fair

hearing. The hearing must be requested no later than the 15th day from the initial filing date of your written complaint.

The request for a hearing must be made in writing and include a copy of the complaint and the reasons you are not satisfied with the way your service or training provider or work site has resolved your complaint. It should be sent to:

Carrie Hersh – EO Officer/Complaint Officer
Employ Milwaukee
2342 North 27th Street
Milwaukee, WI 53210
Carrie.hersh@employmilwaukee.org
(414) 270-1726, TRS Relay Number 711

After you request a hearing, it will be scheduled within two weeks. A final decision on your cases must be granted within 60 days from the initial filing of your complaint.

I, the undersigned, have read, understood, had the opportunity ask questions and received a copy of the EO Notice and Grievance/Complaint Procedure Acknowledgment.

Applicant/Participant Printed Name		Applicant/Participant Date of Birth	
Applicant/Participant Signature		Date Signed	

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, at no cost to you please contact Carrie Hersh, Equal Opportunity Officer, at (414) 270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

Form Date: 08.24.26