Fresno Regional Workforce Development Board

Agency Statement

Agency Name: _____

Applicant's name: _____ **State ID #:** _____

I declare that, the named applicant was provided the Summary Program Complaint and/or Discrimination Complaint Process forms in the following alternative format (check one):

☐ **Verbally, in** _____ **by the following staff member:** _____
Language

☐ **American Sign Language for the hearing impaired by:** _____ **of** _____

☐ **In a Braille document for the visually impaired.**

☐ **Other:**

I certify that the foregoing is true and correct under penalty of perjury.

Name of Service Provider Staff: _____

_____ _____

Signature of certifying Service Provider Staff **Date**

A copy is to be uploaded to participant's CalJOBs[sm] case file.