

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 CalJOBSsm case file.