EQUAL EMPLOYMENT | OPPORTUNITY PLEDGE

Accede Mold & Tool Co., Inc. will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER.

Accede Mold & Tool Co., Inc. will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.

YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

Insert the contact information for the appropriate complaints office below:

U.S. Department of Labor, Office of Apprenticeship
200 Constitution Ave. NW, Washington, D.C. 20210
Telephone Number: (202) 693-2614
Email Address: ApprenticeshipEEOcomplaints@dol.gov
Point of Contact: Director, Division of Standards and Quality
Attn: Apprenticeship EEO Complaints

OFFICE OF APPRENTICESHIP

EACH COMPLAINT FILED MUST BE MADE IN WRITING AND INCLUDE THE FOLLOWING INFORMATION:

1. Complainant's name, address, and telephone number, or other means of contact, for contacting the complainant.
2. The identity of the respondent (i.e., the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (40 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.

You may also be able to file complaints directly with the EEOC, or state fair employment practices agency. If those offices have jurisdiction over the sponsor/ employer, their contact information is listed below.

Insert EEOC contact information and contact information for state fair employment practices agency, as applicable.

Buffalo Local EEOC Office
Olympic Towers
Pearl Street, Suite 450 300 Pearl Street, Suite 450
1-800-669-4000