**APPLICANT/PARTICIPANT STATEMENT OF RECEIPT**

I hereby certify that I have received, read and understand my “Civil Rights” and “Grievance and Complaint Procedure” as an Applicant/Participant of the WIOA program and acknowledge so with my signature.

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Applicant/Participant Signature Date Signed

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Witnessed by WIOA Representative Date Witnessed

Witnessed at (name and address where the document was received, signed and dated).

Note: This document must be retained in the Applicant/Participant file.

 **REV. 7-15**

 **APPLICANT/PARTICIPANT STATEMENT OF RECEIPT**

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