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| EEO-4 REPORT 20\_\_\_ WITH STRATEGIC PLAN |
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| **AGENCY CODE** | **Agency** | **FTE Count** | **Director** | **Director Email** | **Director Phone** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **HR Manager** | **HR Email** | **HR Phone** | **EO Liaison** | **EO Email** | **EO Phone** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Directions: Complete Part I and Part II as directed, and submit this form with all supporting documents.  |
| **PART I DISCRIMINATION FREE WORKPLACE MEASURES** | FullyPerformed | PartiallyPerformed | NotPerformed |
| 1. Cover Letter to the Governor* Non-discrimination affirmation
* Signed by the Director
* Letterhead
 | [ ]  | [ ] Attach an explanation. | [ ] Attach an explanation. |
| 2. Non-discrimination Policy Statement* Signed by agency Director
* Includes physical location descriptions where the policy is posted
* Includes website address and location description where policy is posted
* EOE/ADA Employer language
 |[ ]  [ ] Attach an explanation. | [ ] Attach an explanation. |
| 3. Agency Nondiscrimination Policy* Actual policy attached
* Policy updated as laws change
 |[ ]  [ ] Attach an explanation. | [ ] Attach an explanation. |
| 4. Agency Organization Chart * Identifying the reporting structure of agency EO personnel
 |[ ]  [ ] Attach an explanation. | [ ] Attach an explanation. |
| 5. Complaint Data Form * Identifying complaint data
* Contact information of EO Liaison/EO Officer
* Contact information of employee who reports charge letters to GOEO
 |[ ]  [ ] Attach an explanation. | [ ] Attach an explanation. |
| 6. HRIS XP391 REPORT* Including list of employees excluded in report
 |[ ]  [ ] Attach an explanation. | [ ] Attach an explanation. |
| 7. Agency Highlights and Successes Narrative (Optional) |[ ] [ ] [ ]
| **PART II EQUAL OPPORTUNITY STRATEGIC PLAN** | FullyPerformed | PartiallyPerformed | NotPerformed |
| 8. Agency Equal Opportunity Report Strategic Plan:* GOEO Poster posted in public areas
 |[ ]  [ ] Attach an explanation. | [ ] Attach an explanation. |
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|  Directions: Create a one sentence SMART goal for each measure below: Who will perform the goal, what will be done, how will success be measured, and when will work be finished? |
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| **Part II** 20\_\_\_ STRATEGIC GOALS |
|  |
| GOAL I | POLICY COMPLIANCE SMART GOAL:  |
| Click or tap here to enter text. |
| GOAL II | PROGRAM ACCOUNTABILITY SMART GOAL: |
| Click or tap here to enter text. |
| GOAL III | DISCRIMINATION PREVENTION SMART GOAL: |
| Click or tap here to enter text. |
| GOAL VI | COMPLAINT PROCESS SMART GOAL: |
| Click or tap here to enter text. |
| GOAL V | CONFLICT MANAGEMENT SMART GOAL: |
| Click or tap here to enter text. |
| GOAL VI | WORKPLACE DIVERSITY SMART GOAL: |
| Click or tap here to enter text. |
| GOAL VII | STAFF RESOURCES SMART GOAL: |
|  | Click or tap here to enter text. |

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CY20\_\_\_ Agency Complaint Data Form

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| Full Agency Name: Click or tap here to enter text. |
| EO Contact Name: Click or tap here to enter text. |
| Title | Phone | Email |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Person in charge of communicating receipt of EEOC Charge Letters: Click or tap here to enter text. |
| Title | Phone | Email |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- |
| Basis | Internal ComplaintsTotal by Basis  | Percent % of Total Internal by Basis  | External ClaimsTotal by Basis | MediatedCasesTotal by Basis  | Aged CasesOpen > year Total by Basis  | Closed CasesTotal by Basis  |
| Age | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Disability | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Equal Pay | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Genetic Information | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Harassment | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Sexual Harassment | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| National Origin | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Pregnancy | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Race/Color | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Religion | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Retaliation | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Sex | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| Cumulative TOTALS  |  \_\_\_\_\_\_  | 100% | \_\_\_\_\_\_ |  \_\_\_\_\_\_ |  \_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_ |
| How many EO complainants separated from employment? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |  |
| How many EO complainants were APPLICANTS? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |  |
| How many EO complainants held USERRA status? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |  |