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| --- | --- | --- | --- |
| EEO-4 REPORT 20\_\_\_ WITH STRATEGIC PLAN | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | Fully  Performed | Partially  Performed | Not  Performed |
| 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** | Fully  Performed | Partially  Performed | Not  Performed |
| 8. Agency Equal Opportunity Report Strategic Plan:   * GOEO Poster posted in public areas |  | Attach an explanation. | Attach an explanation. |
| |  |  |  | | --- | --- | --- | |  | EEO-4 REPORT 20\_\_\_ WITH STRATEGIC PLAN | | |  | | | 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? | | |  | | | **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. | | | | | |

CY20\_\_\_ Agency Complaint Data Form

|  |  |  |
| --- | --- | --- |
| 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 Complaints  Total by Basis | Percent % of Total Internal by Basis | External Claims  Total by Basis | Mediated  Cases  Total by Basis | Aged Cases  Open > year  Total by Basis | Closed  Cases  Total 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. |  |  |  |