

20__ EEO-4 REPORT and 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 Completed	Partially Completed	Not Completed
Cover Letter to the Governor <ul style="list-style-type: none"> • Non-discrimination affirmation • Signed by the Director • Letterhead 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.
Non-discrimination Policy Statement <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.
Agency Nondiscrimination Policy <ul style="list-style-type: none"> • Actual policy attached • Policy updated as laws change 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.
Agency Organization Chart <ul style="list-style-type: none"> • Identifying the reporting structure of agency EO personnel 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.
Complaint Data Form <ul style="list-style-type: none"> • Identifying complaint data • Contact information of EO Liaison/EO Officer • Contact information of employee who reports charge letters to GOEO 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.
HRIS XP391 REPORT <ul style="list-style-type: none"> • Including list of employees excluded in report 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.
Agency Highlights and Successes Narrative (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II EQUAL OPPORTUNITY STRATEGIC PLAN	Fully Completed	Partially Completed	Not Completed
Agency Equal Opportunity Report Strategic Plan: <ul style="list-style-type: none"> GOEO Poster posted in public areas 	<input type="checkbox"/>	<input type="checkbox"/> Attach an explanation.	<input type="checkbox"/> Attach an explanation.

Part II

20 STRATEGIC GOALS

GOAL I

POLICY COMPLIANCE SMART GOAL:

Click or tap here to enter text.

GOAL II

PROGRAM ACCOUNTABILITY SMART GOAL:

tap here to enter text.

GOAL III

DISCRIMINATION PREVENTION SMART GOAL:

tap here to enter text.

GOAL IV

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.

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.

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.			