



## EQUAL OPPORTUNITY COMPLIANCE REVIEW REPORT

**PRIVACY ACT INFORMATION:** The information requested in this report is required by law (Title VI of the Civil Rights Acts of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975, and Executive Order 12250). The information collected is used to assure that VA Federally-funded programs are in compliance with equal opportunity laws. If the information on the form were not collected VA would be unable to carry out its withdrawal of rights responsibilities mandated by law. Your obligation to respond is required in order to obtain or retain benefits. Failure to report may result in withdrawal of Federal Financial Assistance. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 37VA27, VA Supervised Fiduciary and Beneficiary Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** We need this information to assure that VA Federally-funded programs are in compliance with equal opportunity laws. We estimate that you will need an average of 45 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**NOTE - An asterisk (\*) indicates corrective actions or more explanations will be necessary. (Explain in Item 61)**

### SECTION I - PREPARATION FOR ONSITE REVIEW

1. LOCATION OF FIELD STATION		2. NAME AND TITLE OF PERSON CONTACTED IN FACILITY (If prior contact was made)		
3. DATE OF PRIOR CONTACT	4. NAME OF PERSON CONDUCTING VISIT		5. DATE OF VISIT	
6. NAME AND ADDRESS OF FACILITY				
7. HAVE EO COMPLAINTS BEEN FILED AGAINST THE FACILITY WITHIN THE LAST FIVE YEARS? (If "YES," explain here <input type="checkbox"/> YES <input type="checkbox"/> NO or in Item 61)				8. NO. OF VETERANS OR BENEFICIARIES
9. SIGNED VA FORM 20-8206 (check appropriate box) <input type="checkbox"/> ON FILE <input type="checkbox"/> NOT ON FILE <input type="checkbox"/> OBTAINED DURING VISIT		10. VA FORM 20-4274 (Check appropriate box) <input type="checkbox"/> ON FILE <input type="checkbox"/> OBTAINED DURING VISIT <input type="checkbox"/> NOT ON FILE <input type="checkbox"/> UPDATED DURING VISIT		

### SECTION II - ONSITE VISIT/GENERAL INFORMATION

11. NAME AND TITLE OF PRINCIPAL FACILITY OFFICIAL INTERVIEWED	12. NAME AND ADDRESS OF PARENT INSTITUTION (If applicable)
<b>13. OTHER FEDERAL PROGRAMS IN WHICH FACILITY PARTICIPATES</b>	
A. TITLE OF FEDERAL PROGRAM	B. NO. OF PARTICIPANTS
14A. NUMBER OF HANDICAPPED PARTICIPANTS	14B. CATEGORIES OF HANDICAP

15. DOES THE FACILITY HAVE A GRIEVANCE OR APPEAL PROCEDURE FOR APPLICANTS AND PARTICIPANTS WHO ALLEGE DISCRIMINATION BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE? (Explain in Item 61)  
 YES  NO

### SECTION III - ADMISSIONS

	YES	NO	N/A
16. ARE THERE PREREQUISITES THAT LIMIT ADMISSION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR AGE? <span style="float: right;">▶</span>	*		
17. DOES THE FACILITY REQUIRE A PHOTOGRAPH OR OTHER PRE-ADMISSION INFORMATION THAT WOULD IDENTIFY THE APPLICANT'S RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE? <span style="float: right;">▶</span>			
18. GIVE REASON FOR REQUIREMENT OF PHOTOGRAPH			
19. EXPLAIN THE REQUIREMENT(S) FOR OTHER ADMISSION IDENTIFICATION			

### SECTION IV - RECRUITMENT

20. DESCRIBE TYPES OF RECRUITING AND ADVERTISING TECHNIQUES USED			
21. IF RESTRICTED METHODS OF RECRUITING AND ADVERTISING ARE USED, EXPLAIN WHY			
22. DO CATALOGS, BROCHURES, ADVERTISEMENTS, AND OTHER PUBLICITY MATERIALS USED BY THE FACILITY REFLECT EQUAL ACCESS BY ALL INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR AGE? <span style="float: right;">▶</span>		*	

<b>NOTE - An asterisk ( *) indicates that corrective actions or more explanations will be necessary. ( Explain in Item 61)</b>				YES	NO	N/A
<b>SECTION V - FINANCIAL ASSISTANCE</b>						
23. DOES THE FACILITY OFFER FINANCIAL ASSISTANCE?				*		
<b>24. NUMBER OF PARTICIPANTS RECEIVING FINANCIAL ASSISTANCE</b>						
A. HANDICAPPED	B. MINORITY GROUP	C. MALE	D. FEMALE			
<b>SECTION VI - TRAINING AND ACTIVITIES</b>						
25. DO PARTICIPANTS TAKE PART IN ALL COURSES/TRAINING OFFERED BY THIS FACILITY WITHOUT RESTRICTIONS DUE TO RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?					*	
26. ARE HANDICAPPED PARTICIPANTS' ACTIVITIES, FUNCTIONS, OR SERVICES SEPARATE FROM THOSE OF NON-HANDICAPPED PARTICIPANTS?				*		
27A. DOES TRAINING INCLUDE CUSTOMER SERVICE?						
27B. IF TRAINING INCLUDES CUSTOMER SERVICE, DO ALL PARTICIPANTS SERVE ALL CUSTOMERS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?					*	
28. HAS THE FACILITY INCLUDED ANY AIDS, BENEFITS OR SERVICES, MODIFIED ACADEMIC REQUIREMENTS, OR MADE OTHER MODIFICATIONS TO PROGRAMS OR ACTIVITIES FOR THE PURPOSE OF ASSISTING QUALIFIED HANDICAPPED PARTICIPANTS?				*	*	
29. ARE FACILITY SPONSORED ACTIVITIES OPEN TO ALL PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?					*	
30. WHAT METHODS ARE USED BY THE FACILITY TO VERIFY THAT PROGRAMS, SERVICES, OR EXTRACURRICULAR ACTIVITIES NOT OPERATED BY THE FACILITY ARE PROVIDED EQUALLY TO PARTICIPANTS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?						
31. HAS THE FACILITY OBTAINED A WRITTEN STATEMENT OF ASSURANCE OF COMPLIANCE WITH EO LAWS FROM SUBRECIPIENTS?					*	
<b>SECTION VII - HOUSING</b>						
32. DOES THE FACILITY PROVIDE HOUSING ASSISTANCE TO ITS PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?					*	
33. IF HOUSING IS AVAILABLE AND ACCESSIBLE TO HANDICAPPED PARTICIPANTS, IS IT COMPARABLE TO HOUSING PROVIDED FOR NONHANDICAPPED PARTICIPANTS?					*	
<b>SECTION VIII - PLACEMENT ACTIVITIES</b>						
34. DOES THE FACILITY OFFER PLACEMENT ASSISTANCE?						
35. ARE THERE ANY AGE REQUIREMENTS USED IN PLACEMENT ASSISTANCE?				*		
36. DO THE PLACEMENT RATES REFLECT A REASONABLY EQUITABLE DISTRIBUTION OF PLACEMENT AMONG THE PROTECTED GROUP PARTICIPANTS VS. THE MAJORITY GROUP PARTICIPANTS? IF "NO," HOW DOES THE RECIPIENT EXPLAIN THE DIFFERENCE?					*	
37. HOW ARE PARTICIPANTS INFORMED OF PLACEMENT OPPORTUNITIES?						
38. ARE COUNSELING SERVICES PROVIDED TO PARTICIPANTS ON AN EQUAL BASIS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?					*	
39. DOES THE FACILITY HONOR EMPLOYMENT REFERRAL REQUESTS WHICH DESIGNATE A PREFERENCE FOR PERSONS OF A SPECIFIC RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?				*		
<b>SECTION IX - EMPLOYMENT</b>						
40. NUMBER OF PERSONS EMPLOYED BY FACILITY						
41. IF THE FACILITY EMPLOYS 15 OR MORE PERSONS, DOES THE FACILITY HAVE AN EO REPRESENTATIVE?				<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give the name of the representative)		
42. DOES THE FACILITY ADMINISTER OR OPERATE ANY TEST OR HAVE ANY CRITERION FOR EMPLOYMENT OPPORTUNITIES WHICH HAS AN ADVERSE EFFECT ON THE BASIS OF SEX, HANDICAP, OR AGE?				*		
43. DOES THE FACILITY HIRE ON A NONDISCRIMINATORY BASIS?					*	
44. DOES THE FACILITY ADVERTISE FOR OR RECRUIT APPLICANTS FOR EMPLOYMENT?						
45. IDENTIFY METHODS OF RECRUITING AND ADVERTISING						
46. HAS THE FACILITY ENCOUNTERED ANY PROBLEMS RELATIVE TO SEX, AGE, OR HANDICAP WHILE RECRUITING FOR OR PROVIDING EMPLOYMENT SERVICES TO APPLICANTS?				*		
47. ARE THERE DIFFERENCES IN EMPLOYMENT RATES BETWEEN THE PROTECTED GROUP PARTICIPANTS VS. MAJORITY GROUP PARTICIPANTS? IF "YES," HOW DOES THE RECIPIENT EXPLAIN THE DIFFERENCES?				*		

<b>NOTE - An asterisk (*) indicates that corrective actions or more explanations will be necessary. (Explain in Item 61)</b>		YES	NO	N/A
48. DOES THE RECIPIENT DIFFERENTIATE BETWEEN PROTECTED GROUP PARTICIPANTS AND MAJORITY GROUP PARTICIPANTS IN JOB ASSIGNMENTS, TRAINING, PROMOTIONS, AWARDS OR LAYOFFS? IF "YES," HOW DOES THE RECIPIENT EXPLAIN THE NEED FOR DIFFERENTIATION?	*			
49. DOES THE RECIPIENT SEGREGATE OR CLASSIFY APPLICANTS AND EMPLOYEES ON THE BASIS OF SEX, AGE, OR HANDICAP IN ANY WAY THAT COULD ADVERSELY AFFECT THEIR EMPLOYMENT OPPORTUNITIES OR STATUS?	*			
50. DOES THE FACILITY REQUIRE PREEMPLOYMENT MEDICAL EXAMINATIONS?	*			
<b>SECTION X - INTERVIEWS WITH APPROPRIATE PARTICIPANTS AND INSTRUCTORS</b>				
51. REASON FOR NOT CONDUCTING INTERVIEWS WITH APPROPRIATE PARTICIPANTS AND/OR INSTRUCTORS				
<b>SECTION XI - TOUR OF FACILITY</b>				
52. ARE CLASSROOMS, RESTROOMS, AND AREAS FOR TRAINING, DINING, LOUNGING, WORK, ETC., COMPARABLE AND ACCESSIBLE REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?		*		
53. IS THE VA EQUAL OPPORTUNITY POSTER DISPLAYED IN A CONSPICUOUS LOCATION?		*		
54. DID THE RECIPIENT EXHIBIT A COPY OF THE VA'S EQUAL OPPORTUNITY GUIDELINES?		*		
<b>SECTION XII - EXIT INTERVIEW</b>				
55. IF NONCOMPLIANCE WAS FOUND, WAS AN AFFIRMATIVE ACTION AGREEMENT OBTAINED? (If "Yes," attach copy)		*		
<b>SECTION XIII - COMPLIANCE STATUS OF FACILITY</b>				
56A. ARE THERE ANY QUESTIONS OR PROCEDURES THAT NEED REEXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete in Item 61)	56B. DATE FOR FOLLOW-UP REVIEW			
57. THE FACILITY IS IN COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACTS OF 1964	<input type="checkbox"/> YES <input type="checkbox"/> NO			
58. THE FACILITY IS IN COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972	<input type="checkbox"/> YES <input type="checkbox"/> NO			
59. THE FACILITY IS IN COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973	<input type="checkbox"/> YES <input type="checkbox"/> NO			
60. THE FACILITY IS IN COMPLIANCE WITH THE AGE DISCRIMINATION ACT OF 1975	<input type="checkbox"/> YES <input type="checkbox"/> NO			
61. REMARKS (If additional space is required use reverse)				
62A. SIGNATURE OF PERSON WHO CONDUCTED THE ONSITE VISIT				62B. DATE OF ONSITE VISIT