

E X H I B I T H

Equal Opportunity And Non-Discrimination Monitoring

Participant File Review Worksheet

1. Please describe the frequency of your visits or contacts here:

2. Do you feel that this office is accessible to all, regardless of their:
 - Race/Color/Ethnicity?
 - Sex or Gender?
 - Disability?
 - Religion?
 - National Origin?
 - Age?
 - Limited ability to speak or understand English?
 - Citizenship?
 - Political Affiliation or Belief?

3. What recommendations, if any, do you have in order to assist the office in providing universal access?

4. What is your opinion of the quality of service provided here?

5. Did anyone inform you of your equal opportunity/nondiscrimination rights as a program applicant or participant? (For example, did anyone inform you of what to do if you believe you were discriminated against based on your race, gender, age, disability, national origin, etc.?)

When you registered, did you get a copy of those rights?

6. Do you have any comments, concerns, or suggestions about the program?

“Would you like to be contacted regarding your concerns?”

If so:

Name:

Address:

City, State, Zip:

Phone:

Thank you.