

# **E X H I B I T C**

Equal Opportunity And Non-Discrimination Monitoring

**Entrance Meeting/Entrance Conference Form**

**EQUAL OPPORTUNITY AND NONDISCRIMINATION  
MONITORING**

**Entrance Meeting/Entrance Conference**

---

**Date of Visit:**

**Monitor(s):**

**LWIA/One-Stop/Service Provider:**

Name:

Address:

Phone:

**Representatives**

Director/Administrator:

Local EO Officer/Manager:

**Items Covered**

- Introduction
- Reason for the review
- Purpose of the review

**Elements of the Review**

- File Review
  - Walk-through
  - Employee Interview(s)
  - Client Interview(s)
  - Other:
- 
- Exit Meeting/Conference to be held
  - Questions?