

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

Equal Opportunity And Non-Discrimination Monitoring

**Monitoring Report Form**

**EQUAL OPPORTUNITY AND NONDISCRIMINATION  
MONITORING GUIDE**

**Monitoring Report**

---

---

Date of Report:
-----------------

LWIA/One-Stop/Service Provider:	Date of Review:
EO Officer/Manager:	Monitor:

**Notable Items**


**RECOMMENDED CORRECTIVE ACTIONS**

MOA Element	Deficiency	Recommended Corrective Action

**TECHNICAL ASSISTANCE REQUESTED**

MOA Element	Request	Response

## INTERVIEW RESULTS

### **Interviews with Staff**

- Number of staff interviewed:
- Overall knowledge of rights:
- Overall understanding of illegal job orders:
- Overall understanding of access for LEP persons:
- Overall understanding of access for individuals with disabilities:

### **Interviews with Clients**

- Number of clients interviewed:
- Race/Gender of Clients:
- Overall client response regarding services:
- Overall client recommendations: