

MONITORING TOOL 4

ES EO COMPLIANCE REVIEW

Date:

Reviewer:

**Office:
Address:**

**Contact Person:
Telephone:**

Staff:

Objective of the Review:

Onsite Activities: Observations – (Facilities)

- 1. Posters, Pamphlets, Notices:**

- 2. Program Accessibility:**

- 3. Reception Area:**

Findings:

Closed Job Order Analysis:

Findings:

Applicant Interview Survey:

Complaint File:

Recommendations: