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*Commonwealth of Virginia*

**Department of Human Resource Management**

**Office of Equal Employment & Dispute Resolution**

[**http://www.dhrm.virginia.gov/equal-employment-opportunity**](http://www.dhrm.virginia.gov/equal-employment-opportunity)

**COMPLIANCE REVIEW CERTIFICATION**

**My signature below indicates that this agency has reviewed the information contained in the DHRM EEO Assessment Tool for fiscal year \_\_\_\_\_\_\_\_\_ and shared this information with the agency head and human resource director, including any appropriate corrective action(s) that are recommended and/or have been taken.**

Agency/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Initialed as seen: \_\_\_\_\_ (Agency Head) - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initialed as seen: \_\_\_\_\_ (HR Director) - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_