



Commonwealth of Virginia
Department of Human Resource Management
Office of Equal Employment & Dispute Resolution
<http://www.dhrm.virginia.gov/equal-employment-opportunity>

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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: _____