



**EO Survey - Report**

Prepared for: \_\_\_\_\_

Report Date Range: September 1-30, 2019

Prepared by: \_\_\_\_\_

State of Idaho  
Voluntary Self-Identification Survey

\_\_\_ **Total Submissions:**

GENDER	ETHNIC ORIGIN	DISABILITY
___ Female	___ White	___ Yes
___ Male	___ Hispanic	___ No

State of Idaho  
Participant Survey

\_\_\_ **Total Submissions:**

**QUESTION #1:**

Pease describe the frequency of your visits or contacts with this local office:

___ Once a year	___ 2 to 4 times a year	___ Once a month	___ Once a week	___ More often	___ Unknown First Visit
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**QUESTION #2:**

Do you feel that this office is accessible to all, regardless of their:

Race/color/ Ethnicity:	Sex or Gender:	Disability:	Religion:	National Origin:
___ Yes	___ Yes	___ Yes	___ Yes	___ Yes
___ No	___ No	___ No	___ No	___ No

Do you feel that this office is accessible to all, regardless of their:

Age	Ltd English	Citizenship:	Political Affiliation:
___ Yes	___ Yes	___ Yes	___ Yes
___ No	___ No	___ No	___ No



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**QUESTION #3:**

What recommendations, if any, do you have for this office when it comes to making sure its programs and services are accessible to everyone?

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**QUESTION #4:**

What is your option of the quality of services you received?

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**QUESTION #5:**

Did you leave satisfied that you received the answers or services you were looking for?

- Yes
- No

**QUESTION #6:**

Did anyone inform you of your equal opportunity nondiscrimination rights? (For example, did anyone inform you of what to do if you believe you were discriminated against based on your race, gender, age, disability, national origin, etc.?)

- Yes
- No



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**QUESTION #7:**

When you registered to participant in the program, did you receive a written copy of those rights?

- Yes
- No

**QUESTION #8:**

Do you have any comments, concerns, or suggestions about your local office? (If you want to be contacted about any of the concerns please include your name).

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--END

