



Department of Administration  
Equal Opportunity Office  
Division of Equity, Diversity & Inclusion  
One Capitol Hill, 3<sup>rd</sup> Floor.  
Providence, RI 02908-5850  
Telephone: (401) 574-8606 RI Relay 711  
Email: [eeo.compliance@doa.ri.gov](mailto:eeo.compliance@doa.ri.gov)  
Website: [www.dedi.ri.gov](http://www.dedi.ri.gov)

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**Instructions:** This checklist of documents is required to obtain an Equal Employment Opportunity approval letter, per [R.I Gen. Laws § 28-5.1-10](#). The Division of Equity, Diversity & Inclusion (DEDI)/ Equal Opportunity Office (EOO) ensures that any firm contracting with the State of Rhode Island is an Equal Employment Employer (EEO) vendor.

**The attached Documents are required to submit a Compliance Report.  
Successfully.**

☐ **Equal Employment Policy Statement**

**Or**

☐ **Employee Policy/ Handbook**

☐ **Attach a Copy of the Employment Application or Online application.**

☐ **Attach a Copy of the Collective bargaining agreements with the equal  
opportunity clause (If Applicable).**



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## **Contract Compliance Report**

<b>Solicitation/ BID #:</b>	<b>Contract #:</b>
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<b>Contract Value:</b>
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Section 1	
Vendor Name:	
Vendor Address:	
Vendor Phone Number:	
Email Address:	
Name & Title of Executive Officer	
# of employees at the company	

Project Information	
Project Location:	
Project Activity:	
Contract Beginning Date:	
Estimated Completion Date:	
Anticipated Peak Employment:	

EEO Officer information	
Name of EEO Officer:	
Email of EEO Officer:	

Project Superintendent	
Name of Superintendent:	
Title of Superintendent:	
Email of Superintendent:	

Date Last Compliance Report was Submitted to The Division of Equity, Diversity & Inclusion (DEDI)	
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**If you answer “Yes” to any of the following questions, a copy must be submitted with this form; otherwise, it will not be accepted.**

Does the company have an internal grievance procedure concerning Equal Employment Opportunity (EEO) complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has a Collective bargaining or other contract of understanding been made with a labor union(s) representing the employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has your company policy been communicated in writing to all officers and employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you explain all educational or formal training programs to employees or prospective employees that allow these persons to participate equally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have all recruitment sources, including unions, been notified in writing that all qualified applicants will receive consideration for employment without regard to Race, Color, Religion, Sex, Sexual Orientation, Gender Identity or Expression, Age, National Origin, Veteran status, or Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you maintain segregated facilities, such as restrooms, lunchrooms, recreational areas, etc., based on Race, Color, Religion, Sex, sexual orientation, Gender Identity or Expression, Age, National Origin, Veteran status, or Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Section 2

### Which of the following recruitment sources are used by your company?

- |  |   |
|--|---|
| <input type="checkbox"/> Word of Mouth % _____                                   | <input type="checkbox"/> Private Employment % _____       |
| <input type="checkbox"/> Schools and Colleges % _____                            | <input type="checkbox"/> State Employment Service % _____ |
| <input type="checkbox"/> Newspaper Advertisement % _____                         | <input type="checkbox"/> Walk-ins % _____                 |
| <input type="checkbox"/> Referral by Labor Organization % _____                  | <input type="checkbox"/> Referral by Minority % _____     |
| <input type="checkbox"/> Other: Internet, Radio, Present employees, etc. % _____ |   |

Do all recruitment publications show An Equal Opportunity Employer? If yes, submit a copy. ☐

Please attach an explanation of the hiring criteria and a copy of your employment application. ☐

Please submit your Equal Opportunity Policy Statement. ☐

### Union affiliations and other recruitment and training data to be used in completing this contract

If not union-affiliated, please skip this part and proceed to section 4

Union Title of Identification	Union Local Number	Does the Union have exclusive referral rights?		Does the union sponsor or participate in the Pre-Apprentice, Apprentice, or Post-Apprentice Training Program?		Does the contractor sponsor or participate in Pre-Employment or Post-Employment Training Programs?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of person completing form:

Date:

Title of person completing form:



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### Section 3

**Please note: This section will be completed only if you have a subcontractor for this project exceeding 10,000 or more**

#### Subcontractors Information

Subcontractor Name:	
Subcontractor Address:	
Subcontract Email Address:	
# of employees at the company	

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