

# EQUAL OPPORTUNITY

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## EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING CLIENT INTERVIEW

Interviewer: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Interviews should be conducted in a location that ensures privacy.**

Client City of Residence: \_\_\_\_\_

Sample introduction: *"I am conducting a monitoring review of this office. [Provide a business card.] I would like to ask you a few questions regarding your experiences with this office. Your participation is completely voluntary. Neither your participation nor your responses will in any way affect the services you receive from this office. Absolutely none of the information will be recorded in any files pertaining to you. Do you have any questions regarding this?"*

### INFORMATION

**The following is strictly voluntary and will be treated confidentially. It will not affect your status in receiving benefits or services.**

GENDER:      Male    Female

Please indicate the following:

Gender:       Male  
                  Female

Are you an individual with a disability?

Yes  
 No

Ethnic Origin:     Hispanic or Latino  
                       American Indian  
                       Asian  
                       African American  
                       White  
                       Arabic  
                       Somali  
                       Other

If other, please list:

### INTERVIEW

1. Please describe the frequency of your visits or contacts here:

2. Do you feel that this office is accessible to all, regardless of:
  - a. Race/Color/Ethnicity?
  - b. Sex or Gender?
  - c. Disability?
  - d. Religion?
  - e. National Origin?
  - f. Age?
  - g. Limited ability to speak or understand English?
  - h. Citizenship?
  - i. Political Affiliation or Belief?
3. What recommendations, if any, do you have in order to assist the office in providing universal access?
4. What is your opinion of the quality of service provided here?
5. Did anyone inform you of your equal opportunity/nondiscrimination rights as a program applicant or participant? (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.?)
6. When you registered, did you get a copy of those rights?
7. Do you have any comments, concerns, or suggestions about the program?

Would you like to be contacted regarding your concerns?

Name:

Address:

City, State, Zip:

Phone: