**ANNUAL REPORT TEMPLATE**

MMS EEO/AA Guidelines Annual Report Form

**[*Name of County/Agency]***is committed to complying with the Minnesota Merit System EEO/AA Guidelines, Bulletin No. 21-89-01 (Guidelines). Pursuant to the Guidelines the following information is submitted as the county’s 2022 annual report:

**1. Report of Discrimination Complaints brought by employees and applicants for employment.**

a. Number of Discrimination Complaints: \_\_\_\_\_\_

b. List each type of Discrimination Complaint and status of resolution.

 1)

 2)

**2. Report recruitment activities conducted. Specify source of recruitment and protected group (women,**

**racial/ethnic minorities, persons with disabilities) community organizations contacted.**

a.

b.

c.

**3. Report workforce utilization and hiring goals for women, racial/ethnic minorities, persons with disabilities and action steps taken to achieve those goals.**

a. Underutilization analysis was completed with *[statewide or regional?*] recruitment for all job

 categories using census data available on the Minnesota Department of Human Rights website.

b. Fill in the table below for current workforce utilization and hiring goals of women, racial/ethnic

 minorities, and persons with disabilities.

| **Current Utilization – Include # of Individuals** | **Hiring Goals [year]** |
| --- | --- |
| **Job Categories** | **Women** | **Racial/Ethnic Minorities** | **Persons w/Disabilities** | **Women** | **Racial/Ethnic Minorities** | **Persons w/Disabilities** |
| Officials/Administrators |  |  |  |  |  |  |
| Professionals |  |  |  |  |  |  |
| Office/Clerical |  |  |  |  |  |  |
| Technicians |  |  |  |  |  |  |
| Skilled Craft |  |  |  |  |  |  |
| Service Maintenance |  |  |  |  |  |  |
| Others? |  |  |  |  |  |  |

 c. Provide a narrative on action steps taken to achieve goals and list goals that were achieved in reporting year.

**4. Report all staff training and other sessions conducted related to affirmative action and equal employment opportunity. List training and information sessions related to AA/EEO and dates activity conducted.**

 a.

 b.

 c.

**5. MMS county/multi-county human service Agency Director or EEO/AA Designated Liaison:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_