

EQUAL EMPLOYMENT OPPORTUNITY ACCOUNTABILITY CERTIFICATION FORM FISCAL YEAR 2019-2020

District Name:

Signa	
Phon	
Name: Title:	
I certify that this accountability report is complete and accurate. Please Print:	
	□ Yes □ No
	discrimination complaints filed pursuant to subchapter 5 (commencing with section 59300) of chapter 10 of division 6 of title 5.
(3)	The district has investigated and appropriately responded to formal harassment or
	□ Yes □ No
(2)	The district has reviewed and updated, as needed, the Strategies Component of the district's EEO Plan.
	□ Yes □ No
(1)	The district has recorded and reviewed the required data regarding qualified applicant pools.
Pursuant to California Code of Regulations, title 5, section 53024.2(a), districts are required to certify annually to the Chancellor's Office that they have timely complied with all of the following:	