

EEO Anonymous Self-Assessment Form

Personal Information

Gender

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

Ethnicity

Do you have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Are you a protected veteran?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Feedback (Optional)

Comments or suggestions regarding EEO in our organization: