

[Insert Name of Agency of Reporting Component]

FY _____

**STATEMENT OF
CONDITION THAT
WAS A TRIGGER FOR
A POTENTIAL
BARRIER:**

Provide a brief narrative describing the condition at issue.
How was the condition recognized as a potential barrier?

BARRIER ANALYSIS:

Provide a description of the steps taken and data analyzed to determine cause of the condition.

**STATEMENT OF
IDENTIFIED BARRIER:**

Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.

OBJECTIVE:

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.

**RESPONSIBLE
OFFICIAL:**

**DATE OBJECTIVE
INITIATED:**

**TARGET DATE FOR
COMPLETION OF
OBJECTIVE:**

EEOC FORM
715-01
PART I

EEO Plan To Eliminate Identified Barrier

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE
