

[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

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