

Office for Civil Rights Compliance Review

VOLUNTARY COMPLIANCE PLAN

**College/District
Name:**

**College/District
Contact:**

**College President/District
Superintendent
Authorized Signature:**

**Date
Developed:**

Beginning Date:

Completion Date:

Specific Area of Corrective Action:

MAJOR INTERVENTION	ACTIVITIES (HOW)	TARGET DATES (START- COMPLETE)	PEOPLE RESPONSIBLE (WHO)	RESOURCES NEEDED	MEASURABLE INDICATORS	SUBMIT COMPLETED DOCUMENT TO WDE