

Queen of the Valley Medical Center (QVMC)

Voluntary Self-Identification Form

QVMC is subject to certain governmental recordkeeping and reporting requirements under federal/state civil rights laws and regulations. In order to comply with these laws, QVMC invites its employees to voluntarily self-identify their race and ethnicity.

Submission of this information is voluntary – your refusal to complete it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify a specific individual. This form will be kept separate from your personnel file.

I am:

_____ Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____ Not Hispanic or Latino

If you checked “Not Hispanic or Latino” Please check one of the following categories:

_____ American Indian or Alaska Native: a person having origins in any of the original peoples of North, South and Central America, and who maintain cultural identification through tribal affiliation or community attachment.

_____ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.

_____ Black or African American: a person having origins in any if the Black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander: a person having origins in any of the Guam, Samoa, or other Pacific Island.

_____ White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ Two or More: a person who identifies with more than one of the above five races.

I am:

_____ Male _____ Female

Name: _____ Date: _____

Position Title: _____