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| Office of Federal Contract Compliance Programs (OFCCP) conducts events and workshops to educate workers, contractors and community-based organizations about workplace discrimination and the laws OFCCP enforces. We would greatly appreciate your feedback regarding today’s event. This survey should take about 3 minutes to complete. Completion of this survey is completely voluntary, and information collected will be kept private to the extent permitted by law and used for program evaluation purposes only.*If you have any questions about this survey, please call OFCCP at 1-800-397-6251.* |
| Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(Check the appropriate box)* |
|  | **Strongly****Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| 1. **The information and content were organized and easy to follow.**

*Comments:* | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **I gained useful and relevant information during the event.**

*Comments:*  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **I will apply the knowledge learned today and will share this information with others.**

*Comments:* | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **The presenter was knowledgeable about the subject matter.**

*Comments:* | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **The materials distributed at the event were useful.**

*Comments:*  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **The event provided sufficient opportunity to ask questions, discuss relevant issues and/or network with attendees.**

*Comments:*  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **Overall, the event met my needs and expectations.**

*Comments:* | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **What changes would you recommend to improve today’s event?**
 |
| 1. **What other topics would interest you for future events?**
 |
| 1. **Please offer any additional comments you may have regarding the speaker(s) and/or the event.**
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**OPTIONAL INFORMATION**

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| **Your Organization** |
| 1. Are you a federal contractor? 🞏 Yes 🞏 No
 |
| 1. If you answered yes to Question #1, are you new to the federal contractor community? 🞏 Yes 🞏 No
 |
| 1. If you answered yes to Question #1, do you have fewer than 200 employees? 🞏 Yes 🞏 No
 |
| 1. Is your organization not-for-profit, community-based or a provider of social services? 🞏 Yes 🞏 No
 |
|  |
| **Contact Information** |
| *Please join our mailing list to find out about future workshops and events.* |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |