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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.** | | | | | |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |