OFCCP
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS
U.S. DEPARTMENT OF LABOR

Event Evaluation Form

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:*	☐	☐	☐	☐	☐
2. I gained useful and relevant information during the event. *Comments:*	☐	☐	☐	☐	☐
3. I will apply the knowledge learned today and will share this information with others. *Comments:*	☐	☐	☐	☐	☐
4. The presenter was knowledgeable about the subject matter. *Comments:*	☐	☐	☐	☐	☐
5. The materials distributed at the event were useful. *Comments:*	☐	☐	☐	☐	☐
6. The event provided sufficient opportunity to ask questions, discuss relevant issues and/or network with attendees. *Comments:*	☐	☐	☐	☐	☐
7. Overall, the event met my needs and expectations. *Comments:*	☐	☐	☐	☐	☐

8. What changes would you recommend to improve today's event?

9. What other topics would interest you for future events?

10. Please offer any additional comments you may have regarding the speaker(s) and/or the event.

We appreciate your time and feedback. Thank you!

OPTIONAL INFORMATION

Your Organization

1. Are you a federal contractor? ☐ Yes ☐ No
2. If you answered yes to Question #1, are you new to the federal contractor community? ☐ Yes ☐ No
3. If you answered yes to Question #1, do you have fewer than 200 employees? ☐ Yes ☐ No
4. 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: _____