



Event Evaluation Form

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about six (6) 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. The Office of Federal Contract Compliance Programs (OFCCP) conducts events and other outreach activities to educate workers, contractors, stakeholders, and communities about workplace discrimination and the laws OFCCP enforces. We would greatly appreciate your feedback regarding today's event.

If you have any questions about this survey, please call OFCCP at

Event Name: _____

Location: _____

Date: _____

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 materials distributed at the event were useful.
Comments:

5. The event provided sufficient opportunity for discussion.
Comments:

6. Overall, the event met my needs and expectations.
Comments:

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

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

9. Please offer any additional comments regarding the event.



We appreciate your time and feedback. Thank you!