

Compliance Assistance 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 workshops 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 202-693-0101.

Event Name: _____

Location: _____ **Date:** _____

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The information and content were well organized and easy to follow. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The information was practical and useful. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The information was pertinent and timely. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I will apply the knowledge learned today and share this information with others. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The materials distributed at the event were useful. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The event provided sufficient opportunity for discussion. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Overall, the compliance assistance event met my needs and expectations. Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



We appreciate your time and feedback. Thank you!

Persons are not required to respond to a Federal collection of information unless it displays a currently valid OMB control number.

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

9. What other contractor training and education topics would interest you for future events?

10. Please offer any additional comments you may have regarding this event.