**Protecting Workers ▪ Promoting Diversity ▪ Enforcing the Law**

**Form CC310**

**OMB Control Number 1225-0088**

**Expires XXXX**

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| **Give Us Your Feedback** |
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| **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.  Your voluntary feedback ensures that OFCCP provides effective and efficient engagement that meets the needs of our workers, stakeholders, contractors, and the communities we serve. The information helps OFCCP enhance its public outreach programs. Thank you and OFCCP appreciates your feedback! |
| **Event Name or Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **What I gained from this event/engagement**: |
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| **What I was looking for from this event/engagement but did not get:** |
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