

**CALL CENTER
FEEDBACK
Form**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

**OMB Control Number: 0970-0519
Expiration Date: 05/31/2020**

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month
(insert just the month
for your *date of birth*,
example: 08 for August)

First letter of first name
(example: S for Sara)

First letter of your middle name
(example: M for Maria)

Please indicate the extent to which you agree or disagree with the following statements.

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. NHTTAC staff was responsive to my questions and needs.	1	2	3	4	NA
2. The information/assistance I received was easy for me to understand.	1	2	3	4	NA
3. The information/assistance I received was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
4. The information/assistance I received was trauma-informed.	1	2	3	4	NA
5. The information/assistance I received was survivor-informed.	1	2	3	4	NA
6. The information/assistance I received was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
7. The information/assistance I received reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
8. The information/assistance I received will help me in my work.	1	2	3	4	NA
9. The information/assistance I received met my professional needs.	1	2	3	4	NA
10. The information/assistance I received met my educational needs.	1	2	3	4	NA
11. I am satisfied with the information/assistance I received.	1	2	3	4	NA
12. I will return to NHTTAC staff for my training and technical assistance needs.	1	2	3	4	NA

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.083 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



13. Please rate the overall quality of the assistance you received.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

14. How did you first hear about NHTTAC?

- | | |
|---|---|
| <input type="checkbox"/> The NHTTAC Website | <input type="checkbox"/> My OTIP program monitor or other OTIP staff person |
| <input type="checkbox"/> An exhibit or presentation at a conference | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> A link from another website/Searching the Internet | |
| <input type="checkbox"/> A colleague or friend | |
| <input type="checkbox"/> A publication or newsletter | |

15. How often have you used NHTTAC in the last 12 months?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 – 3 times | <input type="checkbox"/> 7 – 9 times |
| <input type="checkbox"/> 4 – 6 times | <input type="checkbox"/> 10+ times |

16. How did you most recently access NHTTAC? (Mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> NHTTAC Website | <input type="checkbox"/> Email |
| <input type="checkbox"/> Toll-free number for Call Center | <input type="checkbox"/> TTY |
| <input type="checkbox"/> OTIP program monitor or other OTIP staff person | <input type="checkbox"/> Other (please specify): _____ |

17. Why did you use/contact NHTTAC? (Mark all that apply.)

- Request general information about OTIP or NHTTAC
- Obtain a referral for direct services
- Access online materials or training
- Join the listserv or mailing list
- Apply to be a consultant/trainer
- Obtain information on services for people who are currently being trafficked, at risk of trafficking, or have been trafficked.
- Acquire help for technical problems on website
- Request or apply for assistance:
 - Technical assistance
 - Training
- Funding for a conference/event or speaker
- Other (please specify): _____

18. In general, how promptly was your request(s) acknowledged?

- | | | |
|--|---|--|
| <input type="checkbox"/> Within 24 hours | <input type="checkbox"/> Between 3-5 days | <input type="checkbox"/> More than a week |
| <input type="checkbox"/> Between 24-48 hours | <input type="checkbox"/> Between 6-7 days | <input type="checkbox"/> My request was not acknowledged |

19. Would you recommend NHTTAC to others to receive T/TA? Yes No



20. Do you have any other comments or suggestions?

21. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Faith-based organization | |
| <input type="checkbox"/> State and local government | |
| <input type="checkbox"/> Nonprofit/Community-based organization | |
| <input type="checkbox"/> OTIP grantee | |
| <input type="checkbox"/> Self-employed | |

22. Which of the following **best** describes your professional capacity or types of services you provide? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | |

23. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No

24. Which of the following **best** describes the number of years of experience you have in your current field of work? (Mark one.)

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years



25. Which of the following **best** describes your primary role in your current position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct delivery/frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer Educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

26. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of being trafficked, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country):
_____ | <input type="checkbox"/> Suburban |

27. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

- | | |
|---|---|
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Racial and ethnic minorities |
| <input type="checkbox"/> Minors | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> White |
| <input type="checkbox"/> Out of home/Foster care/Kinship care | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Domestic and dating violence |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Other (Please specify): _____ |

28. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

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29. What is your ethnicity? (Mark all that apply.)

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

30. What is your gender? (Mark all that apply.)

- Male
- Female
- Transgender
- Other (please specify): _____

Thank you for taking the time to complete this form and helping to improve NHTTAC activities.

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