

Request for Federal Training and Outreach Services

Note Ninety percent of respondents are federal government entities. The form uses branching to limit questions to those relevant to the respondent.

We will gather some information to follow up on your request for training and outreach.

1. Name: (fill in, required)
2. Government entity name (required, federal, state, local, tribal, territorial department, agency, or office)
3. Phone number (required, fill in)
4. Email (required, fill in)
5. How do you wish to be contacted? (check boxes for phone, email)
6. Are you seeking information about Training or Outreach? (Radio buttons, one for training, one for outreach, required)

If training is selected, survey goes to the following questions:

7. Select the standard training course of interest. (optional, Check boxes for each course offered)
8. Customized Training By Topic (select all that apply, check boxes for topics, optional)
9. Training Delivery Method (required, radio buttons, one for virtual, one for in-person)

If In person is selected, 9a is asked:

9a. Training Location (city, state). (optional, fill in)

If Virtual, 9b is asked:

9b: Preferred Training Platform (radio buttons for 5 virtual platforms, optional)
Any training platform details or restrictions? (optional, enter your answer)

10. Number of Learners (required, fill in)
11. Training Date: First Choice (required, calendar picker)
12. Training Date: Alternative Choice (required, calendar picker)
13. Training Date: Alternative Choice 2 (required, calendar picker)
14. Training start time (eastern) (fill in, required)
15. Training end time (eastern) (fill in, required)
16. What else should we know about your training request? (optional, fill in)

If Outreach is selected:

7. What kind of outreach request is this? (required, radio button)
8. Select from Outreach topics below (required, radio button)
9. Outreach delivery method? (required, radio button, virtual or in-person)

If In person is selected, next question is 9a

9a: Outreach Event Location (city, state)

If Virtual is selected, next question is 9b

9b: Preferred Platform for the Outreach (required, 4 radio button options for platforms);
For the outreach, are there any concerns about the platform? (fill in, optional)

10. Outreach event type (required, check boxes)

11. Tell us about the event (fill in, required)

12. Event Date (required, calendar picker)

13. Number of attendees expected (fill in, required)

14. Please share any additional information we may need. (Optional, fill in)

15. How did you hear about us? (checkbox, required)

Privacy Act Statement

Section 705 of Title VII of the Civil Rights Act of 1964, 42 U.S.C. 2000e-4, created the EEOC's Technical Assistance Training Institute, through which this program is presented. The provision of contact information on this form is voluntary. The primary use of this information will be to allow the EEOC to contact you regarding future training opportunities. Additional disclosure of this information may be made pursuant to the routine uses for Revolving Fund Registrations outlined in the EEOC's Systems of Records Notice.