

## Event Evaluation Form

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 form, please call OFCCP at 1-800-397-6251. If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

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



***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 event/engagement?

9. What other topics would interest you for future events/engagements?

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

The Paperwork Reduction Act of 1995 provides that no person is required to respond to a Federal collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responding to this form is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference OMB Control Number 1225-0088. Please do **not** return the completed form to this address.