

# U.S. Department of Labor - Women's Bureau Outreach Survey

\* Required

1. **According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 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. Your response is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, by email ([wb-western@dol.gov](mailto:wb-western@dol.gov)) and reference the OMB Control Number 1225-0059.** \*

☐ I understand the above statement.

2. **Please indicate how satisfied you were with the following features of this event:**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied
Overall, the event met my needs and expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of discussion/ dialogue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied
Opportunities for discussion/inter action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Event logistics (pace of discussion, time of event, length, venue, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. As a result of my participation in this event, I plan to (check all that apply):**

- ☐ Explore options for implementing a program, benefit, or policy for workers.
- ☐ Conduct outreach activities to educate others about issues affecting working women.
- ☐ Share Women's Bureau's publications or materials with others in my organization or community.
- ☐ Contact the Women's Bureau to collaborate on future activities or events.
- ☐ Use the information to write reports or grants.
- ☐ Use the information to make policy decisions.
- ☐ Use the information to further my career, earnings, or benefits.
- ☐ Other

**4. How has the Women's Bureau added value to you and/or your organization through this event (check all that apply)?**

- ☐ Presented new, diverse, and/or unique perspectives on issues that are important to me and my organization/community.

- ☐ Shared effective policies and promising practices.
- ☐ Convened key stakeholders, advocacy organizations, and experts.
- ☐ Enabled me to engage with new organizations and individuals and build my network.
- ☐ Provided a welcoming, accessible, and inclusive forum for learning and dialogue.
- ☐ Other

**5. What follow-up programs or activities would you like to see the Women's Bureau implement in the future related to the topic of this event?**

- ☐ Additional webinars or in-person events
- ☐ Training sessions
- ☐ Other collaboration event/opportunities
- ☐ Regular progress updates or newsletters
- ☐ Other

**6. What type of organization do you represent? (check all that apply)**

- ☐ Association/Professional Organization
- ☐ Business/Employer
- ☐ Community-based Organization
- ☐ Educational Institution
- ☐ Elected Official
- ☐ Faith-based Organization

- ☐ Government
- ☐ Labor Union
- ☐ Public Policy/Research Organization
- ☐ Women's Advocacy Organization
- ☐ Workers' Rights Organization
- ☐ Workforce Development/Job Training
- ☐ Other

**7. How can the Women's Bureau support your work or collaborate with your organization to support your work? If you would like the Women's Bureau to contact you for future collaboration please provide your contact information below.**

Enter your answer

**8. How do you think the event could have been improved?**

Enter your answer

**9. Please provide any additional feedback you have about the event.**

Enter your answer

10. **Did this event meet your accessibility needs (including language access)?**

☐ Yes

☐ No



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