

AAAA ONSITE PRE-TRAINING QUESTIONNAIRE

CLIENT:

We appreciate your time and cooperation in completing this form.
Please e-mail the completed questionnaire to your PDTI ONSITE Coordinator.
AAAAPDTI@AFFIRMATIVEACTION.ORG

1. NAME OF TRAINING SITE:

ADDRESS:

PHONE:

FAX:

2. FACULTY CONTACT PRIOR TO MEETING:

NAME:

TITLE:

PHONE: (OFFICE)

CELLULAR PHONE (EMERGENCIES ONLY):

E-MAIL ADDRESS:

COMPANY WEBSITE:

3. WHO WILL PARTICIPATE IN THE TRAINING? MANAGERS? STAFF? EEO OFFICERS? DIVERSITY PROFESSIONALS? HUMAN RESOURCES STAFF? PLEASE DESCRIBE THE TRAINEES' BACKGROUNDS:

4. WHAT TRAINING HAVE THEY RECEIVED IN EEO/AFFIRMATIVE ACTION/DIVERSITY?

5. HOW MANY INDIVIDUALS ARE YOU SEEKING TO TRAIN?

6. PLEASE DESCRIBE THE SUBJECT MATTER IN WHICH YOU SEEK TRAINING:
(Check all that apply)

- a. FEDERAL EEO LAWS AND REGULATIONS

- b. AFFIRMATIVE ACTION LAWS AND REGULATIONS
- c. AFFIRMATIVE ACTION PLANNING AND DEVELOPMENT
- d. ADA AND REASONABLE ACCOMMODATION
- e. HARASSMENT PREVENTION
- f. TITLE VI, TITLE IX AND SECTION 504
- g. COMPLAINT INVESTIGATIONS a. Internal_____ b.
External_____
- h. COMPENSATION ANALYSIS
- i. SEXUAL ORIENTATION AND GENDER IDENTITY
- j. GENETIC DISCRIMINATION
- k. STATE LAW
- l. OTHER (Please describe)

7. HAVE YOU HAD AN OFCCP/OCR/EEOC COMPLIANCE REVIEW OR COMPLAINT INVESTIGATION IN THE PAST YEAR? IF SO, WHAT WAS THE RESULT?

8. HAVE YOU HAD INTERNAL COMPLAINTS AND IF SO, HOW DO YOU RESOLVE THEM?

9. WHEN DO YOU WISH TO HAVE THE TRAINING?

10. ARE A WHITE BOARD, FLIP CHARTS AND POWERPOINT-CAPABLE EQUIPMENT AVAILABLE FOR USE?

11. IS CATERING AVAILABLE FOR REFRESHMENTS? (e.g., coffee, continental breakfast, afternoon breaks)

12. IS TECHNICAL SUPPORT AVAILABLE ONSITE? IF SO, PLEASE LIST TECHNICAL/AV CONTACT:

NAME:

TITLE:

PHONE: (OFFICE)

CELLULAR PHONE (EMERGENCIES ONLY):

E-MAIL ADDRESS:

13. FACULTY CONTACT AT MEETING SITE:

NAME: _____ TITLE: _____

PHONE: (OFFICE) _____

CELLULAR PHONE (EMERGENCIES ONLY): _____

ON-SITE PHONE: _____ ON-SITE ARRIVAL DATE: _____

14. ACCOMMODATIONS (if different from event site): _____

ADDRESS: _____

PHONE: _____ FAX: _____

HOTEL CONFIRMATION NUMBER: _____

CLOSEST AIRPORT TO ACCOMODATIONS/EVENT: _____

15. REGARDING GROUND TRANSPORTATION, WOULD YOU PREFER: (circle one)

- A. THE FACULTY PROVIDE HIS/HER OWN TRANSPORTATION
- B. THE CLIENT ARRANGE FOR A CAR/DRIVER TO PICK HIM/HER UP
- C. OTHER: _____

16. PLEASE PROVIDE A BRIEF DESCRIPTION/ PROFILE OF YOUR ORGANIZATION:

17. WHAT REGION(S) DOES YOUR ORGANIZATION SERVE?

18. WHAT INFORMATION WOULD YOU LIKE THE AUDIENCE TO TAKE WITH THEM?

19. IS THERE ANYTHING ELSE AAAA SHOULD KNOW ABOUT YOUR TRAINING REQUEST?

20. WHOM SHOULD WE CONTACT FOR BILLING PURPOSES?

NAME: _____

TITLE: _____

PHONE: _____

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