Dislocated Worker Program
Rapid Response Profile

Incident identification number:_____ *(for DWS use only)*

Rapid Response Service Coordinator:

Please enter the following information and return this form with the completed Rapid Response customer satisfaction survey forms for each Rapid Response orientation session.

1. Date: _____/_____/_____
       (MM / DD / YY)

2. Total layoff:_____

3. How many Rapid Response sessions will be conducted for this incident? _____

4. Total attending this session: _____

5. Location:_____ / _____
                                               City/County

6. Date employees learned of the impending layoff: ____/____/____
                                                     (MM / DD / YY)

7. Date first layoffs are anticipated/occurred: ____/____/____
                                                        (MM / DD / YY)

8. Status of employees in this session:
   1. ☐ Most or all already laid off
   2. ☐ Most or all to be laid off
   3. ☐ Some laid off, rest will be
   4. ☐ Some to be laid off, some kept

9. Company/Site:_____/_____

10. Time Begin ___:___ ☐A.M. ☐P.M.   11. Time End ___:___ ☐A.M. ☐P.M.

12. Was this session conducted on company time? ☐ Yes ☐ No

13. Where is this session being conducted?

   1. ☐ In Company facilities
   2. ☐ Community center
   3. ☐ Employment Services facilities
   4. ☐ Union hall
   5. ☐ Other (please explain) : _____

14. Which of the following made a presentation? (Check all that apply)

   1. ☐ Rapid Response staff from Frankfort
   2. ☐ Local office Dislocated Worker Program Staff
   3. ☐ Unemployment Insurance Staff
   4. ☐ United Way staff
   5. ☐ Health Services staff
   6. ☐ Other (Please specify): _____

15. Comments: _____

_____

Revised 10/12/04