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Feedback Form

Rate the following regarding your experience with the OFLC Ombudsman Program:

(1= Not at all 2= Somewhat 3= Yes 4= Very)

Was our response to your inquiry timely?	1	2	3	4
Did we answer all of your questions clearly and thoroughly?	1	2	3	4
Did we demonstrate a considerable amount of subject matter knowledge in our response?	1	2	3	4
Were we impartial and fair in our response?	1	2	3	4
Were you satisfied overall with the response we provided?	1	2	3	4
If we were unable to help you, did we refer you to the right people who could?	1	2	3	4
Has your confidence in the Office of Foreign Labor Certification been strengthened by your experience?	1	2	3	4
Would you recommend the Ombudsman Program to other H-2A and/or H-2B stakeholders?	1	2	3	4
Do you submit inquiries the Ombudsman Program routinely?	1	2	3	4

(Optional)

Commenter Contact Info:

- Name (First, Last, M.)
- Address (City, State, zip)
- Email address
- Phone number

Organization Contact Info:

- Type (select from drop down):
 - o Employer, Agent/Attorney, Government, Advocacy Group
- Name
- Address (City, State, zip)
- Phone number
- Website (if any)

OFLC Case # (if any)

Visa Program (select one drop down):

- H-2A, H-2B, Both

Issue

(Comment Field)

Date

(Automated)