

Whistleblower Alternative Dispute Resolution Program Customer Feedback Questionnaire - Employer - Microsoft Internet Explorer p

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Whistleblower Alternative Dispute Resolution Program Customer Feedback Questionnaire - Employers

**Thank you for participating in OSHA's Whistleblower Alternative Dispute Resolution (ADR) Program. Your input and satisfaction are important to OSHA and to the success of OSHA's ADR Program. OSHA would appreciate your participation in this voluntary 10-Question Customer Feedback Questionnaire. Please answer each question honestly and to the best of your ability. Thank you once again for your cooperation and your participation in OSHA's Whistleblower ADR Program. If you should have any questions regarding this questionnaire, please call the National ADR Coordinator at (202) 693-2199.**

**Privacy**

Please note that this questionnaire is being administered by SurveyMonkey.com and resides on a server outside of OSHA's domain. OSHA cannot guarantee the protection of questionnaire responses and advises against the inclusion of sensitive, personally-identifiable information—such as your full name, phone number, e-mail address, etc. in any response. Completion of this questionnaire is completely voluntary and information collected will be kept private to the extent permitted by law and used for program evaluation purposes only.

**Paperwork Reduction Act 1995**

Public reporting burden for this voluntary collection of information is estimated to take 30 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of the Whistleblower Protection Program, OSHA, Department of Labor, Room N-4624, 200 Constitution Ave., NW, Washington, DC; 20210.

**OMB Approval # 1225-0088; Expires: 06-30-2014**

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**1. Please choose from the following to indicate the result of your mediation.**

*Mediation resulted in settlement*

*Mediation did not result in settlement*

*Comments:*

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2. My organization has used mediation in the past to resolve other employment disputes.

Yes

No

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**3. I chose mediation as a means of resolving my dispute [Check all that apply]**

- to save time*
- to save resources, i.e. money*
- because I felt it would lead to a more fair result than litigation*
- For my emotional well-being*
- To have the opportunity to discuss the issues with the employee face-to-face*

*Other Reason(s) (Please explain in the space provided below)*

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**4. On a scale of 1-5, please indicate how strongly you agree with the statement provided. In addition, please include any additional comments in the space provided. Choosing a 1 means you strongly disagree with the statement. Choosing a 5 means you strongly agree with the statement.**

**My expectations in choosing mediation were met.**

1 - Strongly Disagree

2 - Disagree

3 - Neutral

4 - Agree

5 - Strongly Agree

Comments:

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**5. On a scale of 1-5, please indicate how strongly you agree with the statement provided. In addition, please include any additional comments in the space provided. Choosing a 1 means you strongly disagree with the statement. Choosing a 5 means you strongly agree with the statement.**

**The information and materials OSHA provided regarding the mediation process adequately prepared me for mediation.**

1 - *Strongly Disagree*

2 - *Disagree*

3 - *Neutral*

4 - *Agree*

5 - *Strongly Agree*

Comments:

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**6. On a scale of 1-5, please indicate how strongly you agree with the statement provided. In addition, please include any additional comments in the space provided. Choosing a 1 means you strongly disagree with the statement. Choosing a 5 means you strongly agree with the statement.**

**Prior to agreeing to mediate my dispute, I was informed of all other options available to me for resolution of my dispute.**

1 - *Strongly Disagree*

2 - *Disagree*

3 - *Neutral*

4 - *Agree*

5 - *Strongly Agree*

Comments:

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**7. On a scale of 1-5, please indicate how strongly you agree with the statement provided. In addition, please include any additional comments in the space provided. Choosing a 1 means you strongly disagree with the statement. Choosing a 5 means you strongly agree with the statement.**

**I found the mediator to be neutral and objective.**

1 - Strongly Disagree

2 - Disagree

3 - Neutral

4 - Agree

5 - Strongly Agree

Comments:

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**8. On a scale of 1-5, please indicate how strongly you agree with the statement provided. In addition, please include any additional comments in the space provided. Choosing a 1 means you strongly disagree with the statement. Choosing a 5 means you strongly agree with the statement.**

**I am satisfied with the results of mediation.**

1 - Strongly Disagree

2 - Disagree

3 - Neutral

4 - Agree

5 - Strongly Agree

Comments:

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**9. Do you think you would have settled your case if you had not used the Whistleblower Alternative Dispute Resolution Program? Please explain your answer in the in the space provided.**

Yes

*Unsure*

No

*Comments:*

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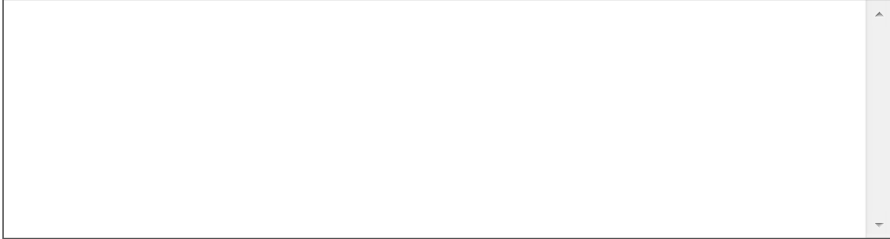
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**10. In the space provided below, please provide any additional thoughts, concerns or criticisms you may have that you believe will help OSHA'S Whistleblower Alternative Dispute Resolution Program as it moves forward.**



Done

Done

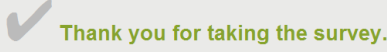
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