

## **Whistleblower Alternative Dispute Resolution Program Survey Information Email - Employer**

*(The Regional ADR Coordinator will send the following email to mediation participants (employers) approximately one week after the mediation)*

To: Mediation Participant (Employer)  
From: Regional ADR Coordinator  
Subject: Whistleblower Alternative Dispute Resolution Program Customer Feedback Questionnaire

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 a voluntary 10-Question Customer Feedback Questionnaire, available at the link below. 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.

Survey Access: <http://www.surveymonkey.com/s/27ZY5VD>

### 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