

# Evaluation of Services

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## Page One

OMB# 0925-0648 Expiration Date: 01/2015

**We would appreciate your feedback on your experience with our office so that we may better serve you and the NIH community. Your participation is voluntary and your responses will be anonymous and confidential. This survey is intended only for NIH employees, including contractors. Thank you!**

*Public reporting burden for this collection of information is estimated to average 10 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 a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.*

**1) The ombudsman responded to me in a timely manner (within 1 work day of phone calls/emails).**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**2) I was given an opportunity to present my views and express my concerns.**

- Strongly agree
- Agree
- Neutral

- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**3) I believe that my conversations with the ombudsman were confidential.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**4) I was treated fairly, without bias or prejudice.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**5) I felt that the ombudsman understood my concerns.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**6) After working with the ombudsman, I felt able to effectively address my situation.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**7) As a result of my experience with the Office of the Ombudsman, I developed skills or learned approaches/strategies that might help me address workplace problems in the future.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**8) Some or all of my issues have been satisfactorily resolved.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**9) My matter was not fully resolved, so I plan to (check all that apply):**

- Proceed independently of the Office of the Ombudsman
- Initiate or return to the EEO process
- Seek new employment within NIH
- Leave NIH
- Do nothing/wait and see
- N/A

**Comments (optional; please do not include personally identifiable information):**

**10) I would use the Office of the Ombudsman again.**

- Strongly Agree
- Agree
- Neutral
- Disagree

- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**11) I would refer others to the Office of the Ombudsman.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**12) Overall, I was satisfied with the assistance I received from the Office of the Ombudsman.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

**Comments (optional; please do not include personally identifiable information):**

**13) Please check one:**

- I initiated contact with the Office of the Ombudsman
- I responded to a contact from the Office of the Ombudsman

**14) What is your current position (please check the most applicable):**

- Administrative
- Facilities/Operations
- Fellow/Trainee/Intern/Volunteer
- Investigator/Adjunct
- Nurse/Medical Technician
- Staff Clinician/Staff Scientist
- GMO/SRO/HSA
- Contractor
- Other

**15) What is your management status?**

- Supervisor
- Non-Supervisor
- Team Lead

**16) When was your last session with an ombudsman?**

- Within the last week
- Within the last month
- Within the last year
- More than a year ago

**17) Who did you work with? Check all that apply.**

- Linda Brothers
- Howard Gadlin

- Samantha Levine-Finley
- David Michael
- Kathleen Moore
- Linda Myers
- Lisa Witzler

**18) (Optional) What is your gender?**

- Female
- Male

**19) (Optional) What do you consider your ethnicity to be?**

- Hispanic or Latino
- Not Hispanic or Latino

**20) (Optional) What do you consider your race to be? (Check all that apply)**

- Black or African-American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

**21) Please use this space to add any additional comments or suggestions related to the Office of the Ombudsman. (Optional; please do not include personally identifiable information.)**

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## **Thank You!**

**Thank you for taking our survey. Your response is very important to us. If there is anything you would like to confidentially discuss in further detail, please call the Office of the Ombudsman's main number: 301-594-7231.**

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