



Evaluation of Services

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: NIA, 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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

Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

5. I felt that the ombudsman understood my concerns.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Words used: 0 out of 500.

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):

Words used: 0 out of 500.

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

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly
Agree | Agree | Neutral | Disagree | Strongly
Disagree | Not
Applicable |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

Words used: 0 out of 500.

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

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly
Agree | Agree | Neutral | Disagree | Strongly
Disagree | Not
Applicable |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

Words used: 0 out of 500.

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 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

Words used: 0 out of 500.

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.)

Words used: 0 out of 500.

Submit