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| **NASA Ombudsman Program 2016 Customer Satisfaction Survey**  |

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Paperwork Reduction Act Statement
This information collection meets the requirements of 44 U.S.C. § 3507 as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 2700-0153 and this information collection expires on 07/31/2018. We estimate that it will take 7 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate to: fatima.c.johnson@nasa.gov

**1. Were you aware of the Ombudsman Office prior to receiving this request to fill out the survey?**

Yes

No

**2. If yes, how did you first hear about the Ombudsman Office?**

Article in Center Newsletter

Center Brochure

Center Website

Presentation from the Ombudsman

Annual Report

Word of Mouth/Colleague

Other (please specify)

**3. Do you know the NASA Ombudsman Program...**

|  | **Yes**  | **No**  |
| --- | --- | --- |
| **...is committed to confidentiality?**  |  Yes  |  No  |
| **...is expected to provide a neutral/impartial perspective?**  | Yes  | No  |
| **...is not a decision maker or formal investigator?**  | Yes  | No  |
| **...is an indepedent entity from the formal NASA management chain?**  | Yes  | No  |

|  | **Yes**  | **No**  |
| --- | --- | --- |
| **Safety of NASA employees and contractors?**  |  Yes  |  No  |
| **Obstacles to mission success?**  |  Yes  |  No  |
| **Performance of individuals or the organization?**  |  Yes  |  No  |
| **Conflict in relationships?**  |  Yes  |  No  |
| **Violation of agency policy?**  |  Yes  |  No  |
| **Financial wrong doing?**  |  Yes  |  No  |
| **Disrespectful treatment?**  |  Yes  |  No  |

**4. Do you know you can surface the following issues when meeting with a NASA Ombudsman?**

**5. Would you consider using the Ombudsman Program if the need arose?**

Yes

No

**6. Have you used the Ombudsman Program in the past two years?**

Yes

No

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**7. If you consulted with a NASA Ombudsman, which of the outcomes listed below applies to your situation?**

I received information/coaching, and no other action was expected from the Ombudsman.

I took action (with help from the Ombudsman) and my situation is better than it was before I contacted the Ombudsman.

I took action (with help from the Ombudsman) and my situation is not better than it was before I contacted the Ombudsman.

The Ombudsman took action on my behalf and my issue is better than before I contacted the Ombudsman.

The Ombudsman took action on my behalf and my issue is not better than before I contacted the Ombudsman.

I chose to take no action.

The issue is not yet resolved.

**8. How well did the Ombudsman meet your expectations?**

|  | **Strongly Agree**  | **Agree**  | **Neutral**  | **Disagree**  | **Strongly Disagree**  |
| --- | --- | --- | --- | --- | --- |
| **Timeliness**  |   |   |   |   |   |
| **Respectfulness**  |   |   |   |   |   |
| **Confidentiality**  |   |   |   |   |   |
| **Usefulness**  |   |   |   |   |   |

If the Ombudsman did not meet your expectations, what could they have done differently?

**9. Would you use the services of the NASA Ombudsman Program again?**

Yes

No

**10. If the NASA Ombudsman Program did not exist, what would you do or what have you done regarding your issue?**

Nothing

Gone to NASA formal resources (Human Resources, the Union, Management Chain, etc.) for help

Used external resources

Left the organization

Taken legal action

Gone to colleagues for advice

**11. If you have not used the Ombudsman Program, why not? (Check all that apply.)**

I did not know it existed

I did not have an issue or need

I used other NASA resources to resolve my issue

I did not believe you were really confidential

I did not believe you could be unbiased and neutral

I did not understand how you could help

I was fearful of speaking up

Other (please specify)


#### 12. Center Name (Optional)



#### \* 13. Gender

Male

Female

#### \* 14. Status

Civil Service Employee

On-Site Contractor

Student

#### \* 15. Tenure

0-1 year with NASA

2-4 years with NASA

5-10 years with NASA

More than 10 years with NASA

#### \* 16. Job Level

GS 4-8

GS 9-12

GS 13-15

SES

N/A

Thank you for participating in this survey.