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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](mailto: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.