**NASA Ombudsman Program Survey**

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 9/30/2021. We estimated that it will take about 7.5 minutes read the instructions, gather the facts, and answer the questions.  You may send comments on our time estimate above to *xaivian.l.raymond@nasa.gov*. Send only comments related to our time estimate to this address.

1. Were you aware of the Ombuds Office prior to receiving this request to complete the survey?

Yes No

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

- Article in Center Newsletter

- Center Brochure

- Center Poster

- Center Website

- Presentation from the Ombuds

- Annual Report

- Word of Mouth

- N/A

- Other

3. Do you know that the Ombuds Office –

Yes No

* + Provides complete confidentiality
	+ Does not share sensitive and personal information
	+ Only shares confidential information with permission or if information reveals serious threat of harm
	+ Keeps no permanent notes
	+ Provides a neutral/impartial perspective
	+ Does not take sides
	+ Does not seek to judge or place blame
	+ Is an advocate for a fair process
	+ Functions informally outside all formal management, administrative, or criminal processes
	+ Does not serve as an agent of notice to NASA
	+ Is not a decision maker or formal investigator
	+ Is an independent entity from the formal management chain
	+ Does not need to get permission to talk to people in the organization or request information

4. Did you know the Ombuds may help with issues related to -

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 (boss or colleagues) - Yes No

Violation of agency policy - Yes No

Financial wrongdoing - Yes No

Disrespectful treatment - Yes No

5. Would you consider using the Ombuds Office if the need arose? Yes No

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Have you used the Office in the last 3 years? Yes No

7. If you used the Office in the last 3 years, what was the result? (Select all that apply)

- I received information/coaching and no other action was required from the Ombuds

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

-I took action (with the help of the Ombudsman) and my situation is not better than it was before

-The Ombudsman took action on my behalf and my situation is better than it was before

-The Ombudsman took action on my behalf and my issue is not better than before

-I took action

- I chose to take no action

-The issue is not yet resolved

- The Ombuds took action and the issue is not yet resolved

- N/A

8. If you have used the Office in the last 3 years, how well did the Ombuds meet your -

1= strongly agree, 2= agree, 3= either agree or disagree, 4= disagree, and 5= strongly disagree.

Expectations? – Scale of 1 (strongly agree) - 5 (strongly disagree) N/A

Timeliness? – Scale of 1 (strongly agree) - 5 (strongly disagree) N/A

Respectfulness? – Scale of 1 (strongly agree) – 5 (strongly disagree) N/A

Confidentiality? – Scale of 1 (strongly agree) – 5 (strongly disagree) N/A

Neutrality? - Scale of 1 (strongly agree) – 5 (strongly disagree) N/A

Usefulness? – Scale of 1 (strongly agree) – 5 (strongly disagree) N/A

To provide additional context, please provide comment on any particularly high or low scores. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Would you use the Office again? Yes No N/A

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If you have not used the Office, why not? (Select all that apply)

\_\_\_ I did not know you 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

\_\_\_ N/A

\_\_\_ Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. If the Ombuds Office did not exist, what would you have done regarding your issue? (Select all that apply)

- Nothing

- Gone to NASA formal resources for help

- Used external resources

- Left the organization

- Taken legal action

- Gone to colleagues for advice

\_N/A

\_Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your home site?**

Ames

Armstrong

Ellington

GISS

Glenn

Goddard

HQ

IV&V

JPL

Johnson

Kennedy

Langley

Marshall

Michoud

NSSC

Plum Brook

Stennis

Wallops

WSC

Other \_\_\_\_\_\_\_\_\_

**Gender**

\_ Male

\_ Female

\_ Other

**Status**

\_ Civil service employee

\_ On-site contractor

\_ Student ­­

\_ Off-site contractor

\_ Other

**Tenure**

\_ 0-5 year with NASA

\_ 6-15 years with NASA

\_ 16-25 years

\_ More than 25 years with

**Job Level**

**\_** GSA 4-8

\_ GSA 9-12

\_ GSA 13-15

\_ SES/SL/ST

\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_