

## Script or Narrative of the Feedback 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 control number. The OMB control number for this information collection is 2700-153 and it expires on 09/30/2021. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to david.r.chambers@nasa.gov. Send only comments relating to our time estimate to this address

To help NASA to continue to improve its AHP and provide outstanding customer service, we would appreciate your taking a few minutes to answer the following questions. There is room at the end for comments, if you like. The information below is confidential and will be used solely for program evaluation purposes. It is not necessary to include your name unless you wish to do so.

**Center(s) (or off-site location) where harassment concern(s) occurred:** [text box]

**Name(s) of CAHC(s):** [text box]

**The Center Anti-Harassment Coordinator (CAHC) and Fact-Finder**

**Name(s) of CAHC(s):** [text box]

**Name(s) of Fact-Finder(s):** [text box]

**I had a full opportunity to present my concerns during the initial intake for my harassment allegation.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**My concerns were treated in a neutral and impartial manner.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**I was provided a clear explanation of the process that allowed me to fully understand it.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**I was provided assurance that I was protected against retaliation for raising my harassment concerns.**

Answer options:

Yes

No

**I was provided assurance that, to the extent possible, the Agency would protect my confidentiality.**

Answer options:

Yes

No

**My interview for the fact-finding part of the process was scheduled within:**

Answer options:

5-15 days of my harassment allegation

16-25 days of my harassment allegation

26-35 days of my harassment allegation

36 or more days of my harassment allegation

**The Fact-Finder performed his or her role well in my opinion, conducting my interview in a neutral and impartial manner.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**I believe the process was conducted in a prompt, thorough, and impartial manner.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**I was treated with respect throughout the AH process.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**If I had another concern like this one, I would want to try the AHP again to address it.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

**I would recommend the AHP to others at the Center if they tell me about their harassment-related concerns.**

Answer options:

Strongly Agree

Agree

Disagree

Strongly Disagree

If you disagree, please provide more information: [text box]

**Do you have any comments that might help us improve this program?** [text box]

**Name and contact information (voluntary)** [text box]

Thank you for taking the time to assist us in trying to continually improve the Anti-Harassment Program.

**Submit**