

Ombuds Service Evaluation Form

Feedback is of great value to the Ombuds. By receiving and reviewing your evaluation, the Ombuds Service is able to assess and improve the quality of its offerings. No one outside of the Ombuds Service will have access to your submission.

Name: _____ Date: _____

Company: _____ City, State: _____

Phone: _____ Email: _____

Please select the response that most accurately explains your level of agreement with each of the following:

1. I am happy with the outcome of my interaction with the Ombuds.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I found it easy to get in touch with and communicate with the Ombuds Service.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The Ombuds understood my concern(s) and what I hoped to achieve.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Working with the Ombuds Service met my needs and expectations.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I would work with the Ombuds Service again should the need and opportunity present themselves.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. If the Ombuds Service was not available, what other resource would you have pursued in raising your concern or issue?

7. How did the Ombuds Service help you mitigate real and/or potential risks?

8. Please feel free to offer any additional feedback you might have about working with the Ombuds Service.

The Paperwork Reduction Act of 1995 provides that no person is required to respond to a Federal collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responding to this survey is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference OMB Control Number 1225-0088. Please do **not** return the completed survey to this address.