

Ombuds Service Evaluation Form

Feedback is valuable and appreciated. By receiving your evaluation, the Ombuds Service is able to assess and improve the quality of its offerings. No one other than the Ombuds will have access to your submission, and completion of the contact information below is completely voluntary.

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.

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 met my needs and expectations.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I would work with the Ombuds again.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. If OFCCP did not have an Ombuds, what other resource(s) might you have pursued?

7. What would you like to see more and/or less of from the Ombuds?

8. Please feel free to offer any additional feedback about working with the Ombuds.

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