

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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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 form 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](mailto:DOL_PRA_PUBLIC@dol.gov) and reference OMB Control Number 1225-0088. Please do **not** return the completed form to this address.