



## OMBUDS SERVICES EVALUATION

We want to hear from you! Please provide your feedback by choosing the rating that best describes your experience with our office.

	Not Applicable	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I was able to speak to someone/ schedule an appointment in a reasonable amount of time.	<input type="radio"/>					
The role of the Ombuds Office was clearly explained to me.	<input type="radio"/>					
The Ombuds Officer listened to my questions and concerns.	<input type="radio"/>					
I was treated respectfully and professionally by the Ombuds.	<input type="radio"/>					
The Ombuds Officer helped me identify and evaluate the options to address my concerns.	<input type="radio"/>					
I trust the Ombuds Officer to maintain confidentiality.	<input type="radio"/>					
I feel the Ombuds Officer did all s/he could to facilitate a fair process for the resolution of my dispute, conflict, or complaint.	<input type="radio"/>					
Regardless of the outcome of my situation, my experience with the Ombuds Office was helpful.	<input type="radio"/>					
I was satisfied with my overall experience with the Ombuds Officer.	<input type="radio"/>					
I would refer others to the Ombuds Office for help in resolving disputes, conflicts, or complaints.	<input type="radio"/>					

What worked best for you in your experience with the Office of the Ombuds?

How might your experience with the Office of the Ombuds have been improved?

My experience with the Office of the Ombuds is:	What would you have done if the services of the Office of the Ombuds were not available? (check all that apply): <input type="checkbox"/> None of the options below apply	As a result of my consultation with the Ombuds (check all that apply):
<input type="checkbox"/> in process <input type="checkbox"/> completed est. number of interactions? _____	<input type="checkbox"/> Would not have talked to anybody about the issue <input type="checkbox"/> Would not have brought up the issue as quickly <input type="checkbox"/> Would have left the organization <input type="checkbox"/> Would have changed positions in the organization <input type="checkbox"/> Would have filed a formal action, i.e. grievance, lawsuit, outside agency complaint, etc.	<input type="checkbox"/> My issue is resolved <input type="checkbox"/> I am aware of options available to me <input type="checkbox"/> I feel I have more options <input type="checkbox"/> I have a more clear view of the situation

Please return your completed survey by mail to Office of the Ombuds, c/o Charleane Williams at 3333 California Street, Suite 309, San Francisco, CA, 94143-1264 – or by fax to 415.502.9675. Thank you for your time!