

Evaluation of Ombuds Services

We welcome your anonymous feedback. Please select the response that best describes your experience with the Office of the Ombuds.

1. How did you become aware of the Office of the Ombuds? (please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Online Search | <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Presentation/Orientation | <input type="checkbox"/> Co-worker | <input type="checkbox"/> I just knew about it |
| <input type="checkbox"/> Another Office on Campus | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Other: _____ |

	Not Applicable	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
2. Someone from the Ombuds Office responded promptly to my initial inquiry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The role of the Ombuds Office was clearly explained to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The Ombudsperson listened to my question and/or concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The Ombudsperson helped me identify and evaluate options to address my concern(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The Ombudsperson didn't "take sides" when working with my concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My overall experience with the Ombuds Office was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would refer others to the Ombuds Office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Working with the Office of the Ombuds helped me the following ways: (check all that apply)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> It provided a safe harbor to discuss my concern(s) | <input type="checkbox"/> I understand the situation more clearly | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> My situation improved or diminished | <input type="checkbox"/> We discussed a variety of options | |
| <input type="checkbox"/> My concern was resolved | <input type="checkbox"/> I felt heard | |

Other Comments/Suggestions:

Please return this form by **Mail:** UC San Diego, Office of the Ombuds
9500 Gilman Drive # 0016
La Jolla, CA 92093-0016

Fax: (858) 822-0840

or Deliver to: Office of the Ombuds
Pepper Canyon Hall, Suite 402