This anonymous survey helps us to evaluate and understand the delivery of our functions. Your feedback helps empower us to achieve the important goal of continually striving to improve our services to the campus community. Thank you for your feedback! Please be aware that the contents of this form may be shared with others outside the Office of the Ombuds.

**Please return this form via*:**

Mail: UC Riverside – Office of the Ombuds  
900 University Avenue  
Surge Building, Suite 390  
Riverside, California 92521  
(U.S.A.)

Fax: (+1) 951-827-4343

Drop off sealed envelope: Surge Building, Suite 390

*Note: If downloaded from website, please print and return via one of the above methods. Anonymity cannot be ensured over email.

1. Were you treated with respect by all staff persons in the Office of the Ombuds (“OO”)☐YES ☐NO

2. Were the characteristics, functions, services and limitations of the OO explained to you? ☐YES ☐NO

   2a. Was it important to you to be able to talk in a confidential setting? ☐YES ☐NO ☐N/A

   2b. Was having an independent and impartial resource to consult important to you? ☐YES ☐NO ☐N/A

3. Did you have an opportunity to voice your concerns to an ombudsman? ☐YES ☐NO ☐N/A

4. Were options or strategies to help you address your concerns discussed? ☐YES ☐NO ☐N/A

5. What do you think could / would have happened if our services were not available to you? (Please check all that apply)

☐ I would not have done or said anything about the issue(s)
☐ I would have waited to bring up the issue(s) until later
☐ I would have brought up the issue(s) to a different resource
☐ I would have left the organization
☐ I would have changed to a different position in the organization
☐ I would have filed a formal action, i.e. grievance, lawsuit, outside agency complaint, etc.
☐ The situation could / would have escalated to violence, harassment, other forms of abuse, or an ailment
☐ Relationship(s) would have been damaged, further damaged, or destroyed
☐ I would, or continue to, be under great stress
☐ There could / would be financial loss or other costs to one or more individuals, the University, or other entities
☐ I would be less aware of options to resolve my problem(s) and less information
☐ Either I, or others, would be less able to succeed at the University (e.g., not able to focus on work)
☐ I would have a negative impression of my experience here
☐ I would not have gained or understood other perspectives
☐ Other

6. Has the Office of the Ombudsman been a valuable resource for you? ☐YES ☐NO

7. Would you refer others to come to this Office with their concern(s)? ☐YES ☐NO

8. If you would like to elaborate on your answers to the above questions, please feel free to use the space provided below and/or the back of this form. (To protect the anonymous nature of the survey, please do not include the names or identities of any persons or specifics of your concerns.)