



Visitor Satisfaction Survey

We would appreciate your feedback on your experience visiting the USF Ombuds Office.

By completing this form, you give permission to the USF Ombuds Office to use the data for research purposes.

There are no anticipated risks or benefits to you for taking part in this study.

Your participation is 100% voluntary and remains anonymous.

You can also find this survey at <http://www.usf.edu/ombuds/ombuds-services/visitor-survey.aspx>

1. The USF Ombuds Office responded to me in a timely manner.

Strongly Agree
Agree

Disagree
Strongly Disagree

Neither agree nor disagree

2. I was given a fair opportunity to present my views and express my workplace concerns.

Strongly Agree
Agree

Disagree
Strongly Disagree

Neither agree nor disagree

3. I understand that the USF Ombuds Office follows its established Code of Ethics of Independence, Impartiality, Confidentiality & Informality.

Strongly Agree
Agree

Disagree
Strongly Disagree

Neither agree nor disagree

4. It is essential that my conversation(s) with the USF Ombuds are confidential.

Strongly Agree
Agree

Disagree
Strongly Disagree

Neither agree nor disagree

5. After working with the USF Ombuds, I feel better able to effectively address my situation.

Strongly Agree
Agree

Disagree
Strongly Disagree

Neither agree nor disagree

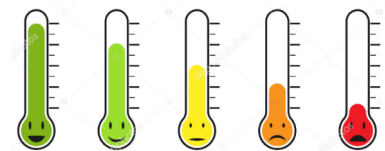
6. I would use the USF Ombuds Office again should the need arise.

Strongly Agree
Agree

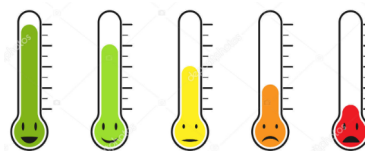
Disagree
Strongly Disagree

Neither agree nor disagree

7. After meeting with the Ombuds today, my current stress level is:



8. I now feel my engagement with USF is:



9. **I would refer others to the USF Ombuds Office.**
- | | | |
|----------------|-------------------|----------------------------|
| Strongly Agree | Disagree | Neither agree nor disagree |
| Agree | Strongly Disagree | |
10. **Please indicate what you would have done about your workplace issues if the USF Ombuds Office was not a resource (check all that apply).**
- | | |
|------------------------------|----------------------------------|
| Self-help | Change my employment |
| Ignore the workplace concern | File formal complaint or lawsuit |
11. **Overall, I am very satisfied with the service provided by the USF Ombuds Office.**
- | | | |
|----------------|-------------------|----------------------------|
| Strongly Agree | Disagree | Neither agree nor disagree |
| Agree | Strongly Disagree | |
12. **What did we do really well?**
13. **What can we do even better?**
14. **If you could change one thing at USF, what would it be? (500 character limit)**

LAST QUESTION! What is your preference for meeting with the Ombuds?

By Telephone

Teams Virtual Meeting

In-Person at Patel Office