



# Office of Employment Dispute Resolution

## WORKPLACE CONFLICT CONSULTATION

### FEEDBACK QUESTIONNAIRE

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Please help us evaluate the effectiveness of the Workplace Conflict Consultation Program. For each question, check the response that best describes your thoughts and feelings. Answer honestly knowing that your input is intended to help improve the program. Thank you for taking the time to complete the questionnaire.

**The following questions concern your experience during your phone consultation(s) with the EDR Workplace Conflict Consultation Program Director.** Please tell us how satisfied you are:

1. I am satisfied with the overall consultation experience.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

2. I am satisfied with the overall length of time I was given during my phone consultation(s) to talk about the issues that I felt were important.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

3. I am satisfied that my concerns were heard and understood by the Workplace Conflict Consultation Program Director.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

4. I am satisfied with the options and/or informal resources that were provided to me for resolving my workplace concerns.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

5. I am satisfied with the overall confidentiality of the consultation process.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

6. I would consider consulting with EDR regarding my future workplace concerns.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

7. I would recommend a consultation with the Workplace Conflict Consultation Program to others.

Strongly Agree     Agree     Uncertain     Disagree     Strongly Disagree

8. What did you like the most and/or the least about your workplace conflict consultation?

Upon completion, please return this questionnaire to the Office of Employment Dispute Resolution.

Email: [EDR@dhrm.virginia.gov](mailto:EDR@dhrm.virginia.gov) or Fax: (804) 786-1606

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**Thank you for your input. We value your opinion.**