





BROOKHAVEN ADVOCACY COUNCIL

Employee/Guest/User Feedback Form

The Brookhaven Advocacy Council (BAC) advises and makes recommendations to the Laboratory Director on the resolution of employee, guest and user concerns or issues that are brought to the attention of the Council. The Council functions independently of the Human Resources Division, reporting directly to the Laboratory Director.

One of the Council's primary objectives is to improve the quality of life at BNL for all employees, guests and users. To that end, the Council invites you to share your experiences at BNL. Any information you provide is considered strictly confidential. You should feel free to contact any one of the Council members listed below for a one-on-one discussion, or if you prefer, complete the brief questionnaire below and return it in a private envelope to the BAC Chair.

Address of the current chair can be found on the BAC website: http://www.bnl.gov/bac/

Please complete the following details to help us identify potential areas of concern at BNL.

What is your gender?O FemaleO Male	
 What is your age? O Under 20 O 20 − 29 O 40 − 49 O 60 − 69 	70 +
O Between 1 and 3 years O Between	en 5 and 10 years en 10 and 15 years than 15 years
 ■ What is your ethnic background? O African-American O Hispanic O American Indian O White O Asian/Pacific Islander O Other 	
■ What is your BNL Job Family? O Management O Scientific O Professional O Technical O Administrative O Bargaining Unit O Guest/User	
■ What Division/Department are you in:	
How would you describe the work environment at BNL? Comments (optional):	Excellent Very Good Good Not Very Good Unacceptable O O O O
2. How would you describe the non-work environment at BNL? Comments (optional):	Excellent Very Good Good Not Very Good Unacceptable O O O O
2. How would you describe the non-work environment at BNL? Comments (optional):	

	Excellent	Very Good	Good	Not Very G	ood Unacceptable
3. How would you describe your relationship with:3a. Your supervisor?3b. Other peers/colleagues?3c. Department/Division Management?	0 0 0	0 0 0	O O O	O O O	0 0 0
Comments (optional):					
4. What is your overall satisfaction with your job at BNL?	Excellent O	Very Good O	Good O	Not Very G	ood Unacceptable O
Comments (optional):					
5. How would you rate the procedures available for resolving workplace conflicts?	Excellent O		Good O		ood Unacceptable O
Comments (optional):					
6. Management communicates well with the employees. Comments (optional):	O	O	О	Ō	Strongly Disagree O
7. BNL Management is fair and equitable in the treatment of all employees.			Neutra		Strongly Disagree
Comments (optional):					
8. BNL is committed to equal opportunity employment and diversity.	Strongly Ag O	ree Agree O	Neutral O	l Disagree O	Strongly Disagree O
Comments (optional):					
9. BNL's overall benefits package is competitive with those from other companies.	Strongly Ag O		Neutral O	l Disagree O	Strongly Disagree O
Comments (optional):					
10. Promotions at BNL are fair and equitable based on skills and experience.	Strongly Ag	ree Agree			Strongly Disagree O
Comments (optional):					
11. Individual performance and development goals and objectives are formally outlined.	Strongly Ag O	_		Disagree O	Strongly Disagree O
Comments (optional):					

12. Regular performance evaluations are given in an open and encouraging environment.	Strongly Agree O	Agree O	Neutral O	Disagree O	Strongly Disagree O
Comments (optional):					
BNL provides career development opportunities. Comments (optional):	Ö	O	О	Ō	
14. In my work area every individual, regardless of his or her race, color, religion, gender, national origin, marital status, citizenship, age, disability, veteran status, or sexual orientation would be/is accepted as an equal member of the team.	Strongly Agree O	Agree O		Disagree O	Strongly Disagree O
Comments (optional):					
15. Are you concerned about your job security at BNL?	Yes	s O	No	О	
Comments (optional):					
16. Did you experience discrimination or harassment in your work area.	Yes	s O	No	О	
Comments (optional):					
Additional Comments (optional):					
Name (Optional):	Life Number (Optional):				

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