

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
OMBUDSMAN ACTIVITIES QUESTIONNAIRE

Name:

Unit(s) served:

Appointment letter date:

SECTION 1: PROGRAM ADMINISTRATION

Are you completing the Ombudsman Monthly Worksheet in compliance with COMDTINST 1750.4 (series)?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Have you completed in-person and online Ombudsman training in compliance with COMDTINST 1750.4(series)?		
	<input type="checkbox"/>	<input type="checkbox"/>

If so, dates of completion:

Do you have an up-to-date contact list of unit families per COMDTINST 1750.4 (series)?		
	<input type="checkbox"/>	<input type="checkbox"/>

If not, why?

SECTION 2: COMMAND REPRESENTATION

Do you regularly attend your District Ombudsman Community of Practice (CoP) meetings?		
	<input type="checkbox"/>	<input type="checkbox"/>

If so, date of last attendance:

Do you participate in Spouse Clubs activities?		
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, do you adhere to COMDTINST 1750.4 (series) regarding your role as an Ombudsman?		
	<input type="checkbox"/>	<input type="checkbox"/>

Do you understand your command's priorities and how to effectively communicate them to members and their families?		
	<input type="checkbox"/>	<input type="checkbox"/>

What type of events do you attend to represent your unit(s) and/or the Ombudsman Program? *(Examples: Pre-deployment briefs, spouses groups, military community events, etc.)*

How do you serve as a liaison between the command and unit families?

SECTION 3: ETHICAL STANDARDS

What does the Ombudsman Code of Conduct mean to you?

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SECTION 4: COMMUNICATIONS

How do you communicate with unit families? *(Example: telephone, email, face-to-face, social media, newsletters, unit meetings, spouse events etc.)*

How do you market your Ombudsman Program?

How do you communicate with your Command and/or point of contact? If so, how often?

Do you use FACEBOOK to communicate information? If so, do you adhere to Coast Guard Policy as outlined in COMDTINST 1750.4 (series)?

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SECTION 5: RESOURCE AND REFERRAL

Do you update your resource and referral files on a regular basis? If so, how often?

Are you knowledgeable of CG Work-Life programs?

Yes

No

Are you knowledgeable of other available community resources in your area?

Yes

No

Do you empower families by providing a variety of helpful resources before issues become problems? If so how?

SECTION 6: CRISIS RESPONSE

Have you encountered a sensitive situation where you had to recognize, refer and/or report a crisis or other reportable as outlined in COMDTINST 1750.4 (series)?

Yes

No

If yes, how did you demonstrate and maintain confidentiality while dealing with this sensitive situation?

Have you served as a source of preparation, assistance and support to Coast Guard families during times of local or national emergency, mobilization, deployment, or evacuation? If so, what did you do?

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SECTION 7: NOTEWORTHY OMBUDSMAN ACCOMPLISHMENTS

MUST BE IN COMPLIANCE WITH OMBUDSMAN PROGRAM POLICY

Please refer to COMDTINST 1750.4 (series) for prohibited practices.

What type of activities do you participate in to enhance your role as Ombudsman? *(Examples: special projects, CGOT trainer, CoP chair, SafeTALK, initiatives towards program growth, serving multiple units as Ombudsman.)*

Do you participate in any additional community activities or groups that provide services to Coast Guard families? *(Examples: Official Coast Guard Boards or committees, etc.)*

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SECTION 8: COMMAND VERIFICATION

PLEASE FORWARD THIS FORM TO YOUR RESPECTIVE REGIONAL OMBUDSMAN COORDINATOR.

Name of Ombudsman:			
Unit(s) served:			
Date of official appointment:			
Have you verified that the unit Ombudsman is completing their required monthly worksheets?	Yes	No	
Has the Ombudsman completed Ombudsman training requirements per COMDTINST 1750.4 (series)? If yes, indicate date of completion:			
Does your Unit Ombudsman participate in District Community of Practice meetings?			
Does the Unit Ombudsman continuously work to maintain an up-to-date contact list of unit families (i.e. command roster, email list, phone tree etc.)?			
List all that apply:			
Does the Unit Ombudsman represent your unit(s) on official boards /committees?			
If so, which ones?			
Has the Unit Ombudsman attended any advanced training that supports the Unit Ombudsman role?			
If so, what training and when?			
Has the Ombudsman worked with the command on a reportable situation?			
If so was the situation handled within Ombudsman policy?			
Does your Ombudsman provide crisis and disaster preparation information to families?			
If so, how?			
If your Ombudsman uses FACEBOOK, are they in compliance with Ombudsman policy and official CG Social Media guidance?			
Is your Ombudsman knowledgeable of Work Life programs and other community resources?			

SECTION 9: Command Point of Contact submitting this form

Name/Rank/Title:			
Email:			
Phone:			

PRIVACY ACT STATEMENT

Authority: 5 U.S.C 301; 14 U.S.C. 632; 44 U.S.C. 3101; and COMDINST 1750.4E

Purpose: The information requested on this form will be utilized by the command, the Ombudsman and the Regional Ombudsman Coordinator for determining shortfalls in training and reporting requirements. The Ombudsman Activities Questionnaire is a communication tool for both the ombudsman and the command. It serves as guide and/or process map for ombudsman to ensure they are within policy and meeting required objectives. Specifically, this form enable commands to identify gaps in policies, processes and procedures in regards to their ombudsman program. It also gives the ombudsman the opportunity to verify that policy, confidentiality and established procedures are maintained while supporting Coast Guard families.

Routine Uses: Information will be used by Ombudsman to provide essential command-related information to CG military members. Any external disclosures of data within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel System of Records Notice, 76 Federal Register 66933, (October 28, 2011).

Disclosure: Providing this information is voluntary. However failure to provide requested information may affect verification of eligibility requirements for Ombudsman of the year as this form helps the command get a better idea of what their Ombudsman is doing and ways they may be able to support them; it also ensures the program effectively addresses family readiness issues.

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