



Network Management Entity Personnel Questionnaire

Please return to: COA, 120 Wall Street, 11th Floor, New York, NY 10005

Organization ID#:

Date: - -

Organization Name:

City:

State:

Instructions: Please answer each question by marking the circle under or next to your response. Your individual answers will be treated confidentially. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE OR NOT APPLICABLE
1. My job responsibilities are clearly outlined in my job description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I received an orientation within my first three (3) months of employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have access to an up-to-date copy of the personnel handbook or personnel policies/procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am aware of my organization's grievance procedures and know how to make a complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am notified when positions that I may be qualified for become available within my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can access my personnel record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I receive annual performance evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I receive regular supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. At least annually, the organization assesses my satisfaction as a member of the workforce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My organization implements changes based on the feedback received from personnel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I participate in quality improvement activities at my place of employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I receive information on program outcomes that is useful to me in working with clients/other providers/ stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have participated in on-the-job activities that enhance my knowledge and skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Case records of consumers are readily available or accessible to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. I am aware of my organization's policies regarding (*check all that apply*):
 01. Harassment 02. Discrimination prohibition 03. Prohibition of corporal and degrading punishment of consumers 04. Confidentiality

16. Please use the space below to provide any additional information that you wish to bring to the attention of the Council on Accreditation's (COA) peer reviewers.

17. Which best describes your relationship to your organization:
 Full-time employee Part-time employee Volunteer Independent contractor Other

18. How long have you been employed by your organization?
 Less than a year 1 to 3 years 3 to 5 years More than five years

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Your name: _____ Your title: _____

Phone: (___) _____ Ext.: _____ Best time to call: _____