
Rhode Island State Equal Opportunity Office

CONFIDENTIAL EXIT SURVEY INQUIRY

All information obtained from this inquiry will be handled in a confidential manner and will not be divulged to supervisors, co-workers, or anyone inside or outside the agency. The information will be used as a tool for change and improvements and will not be made part of your personnel record and will not be used to respond to reference checks by future employers. We ask that you be as honest and fair as possible. Please complete and return to the State Equal Opportunity Office, 1 Capitol Hill, Providence, RI 02908-5865. Thank you.

NAME _____ ADDRESS _____ TELEPHONE _____ DATE HIRED _____	JOB TITLE _____ DEPT. / AGENCY _____ DIVISION / UNIT _____ DATE DEPARTED _____
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(Please Check For Equal Opportunity Purposes Only)

Female _____ White _____ Asian Amer/Pacific Islander _____ Hispanic _____
Male _____ Black _____ Amer. Indian/Alaskan Native _____ Handicapped _____

What is your main reason for leaving?

What did you like best about your job?

What did you dislike about your job?

Did you find your employment worthwhile in terms of personal growth and achievement?

Do you feel career opportunities were adequately afforded to you?

Did you feel free to go to your supervisor to discuss problems about your job?

(Over)

Revised 1990

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(Continued)

1.

Was your supervisor effective in handling problems or complaints?

Was the Leave of Absence Procedure clearly explained to you?

Did you receive fair treatment while employed?

Would you seek employment with the State of Rhode Island at a future date?

Do You feel you were discriminated against?

INTERVIEWING OFFICER

DATE

Comments