

**FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES (CJIS) DIVISION  
2004 CUSTOMER SATISFACTION SURVEY  
NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM (NICS)  
POINT OF CONTACT AND PARTIAL POINT OF CONTACT STATES**

1. Do you ever contact the FBI NICS Section for customer service?

Yes             No

If so, how often?

Daily    Weekly    Monthly    Every few months    Semi-annually

Were your questions answered or material supplied as requested?

Yes    No

Comments.

2. In your experience using the FBI NICS, does the system availability meet your expectations?

Yes             No

Please explain.

3. Do you access the Law Enforcement Online (LEO) for updated FBI NICS information?

Yes    No

If yes, is it helpful?

Yes             No

If no, please explain.

Provide suggestions you have to enhance LEO.

4. Overall, how would your agency rate the level of customer service provided by the FBI NICS Section?

Excellent    Good    Adequate    Fair    Poor

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden to you to provide us with information. The estimated average time to complete the survey is two minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form more simple, write to the AGMU, CJIS Division, FBI, 1000 Custer Hollow Road, Clarksburg, WV 26306.

(over)

5. Provide suggestions/recommendations that may enhance the FBI NICS Section's service. Please be specific.
6. Explain any exceptional or unfavorable experiences your agency has had with any particular aspect of the FBI NICS Section.
7. Provide comments/suggestions on how the CJIS Division might provide improved customer service to you.
8. Please tell us about yourself. This information is optional and will not be used to identify a specific respondent. We may use the provided information for follow-up or clarification.

Your State: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Agency Fax Number: \_\_\_\_\_

Agency e-mail address: \_\_\_\_\_

Thank you for your time in answering these questions.