OMB No. 1110-0042 1-762 (Rev. 07/26/2007) Expires on 10-31-2010

FEDERAL BUREAU OF INVESTIGATION CRIMINAL JUSTICE INFORMATION SERVICES (CJIS) DIVISION 2004 CUSTOMER SATISFACTION SURVEY INTERSTATE IDENTIFICATION INDEX (III)

1.	How often does your agency use III or its services? ☐ Continuously ☐ Hourly ☐ Daily ☐ Monthly ☐ Once a quarter
2.	How would you rate the extent to which III meets your needs as a user? ☐ Poor ☐ Fair ☐ Adequate ☐ Good ☐ Excellent
3.	How satisfied is your agency or the in-state users with the III system availability (uptime)? \square Extremely satisfied \square Very satisfied \square Satisfied \square Somewhat satisfied \square Not satisfied \square N/A
4.	How satisfied are you with the III system response time to inquiries and/or updates? \Box Extremely satisfied \Box Very satisfied \Box Satisfied \Box Somewhat satisfied \Box Not satisfied \Box N/A
5.	Has your agency ever contacted the CJIS Division for III assistance? \Box Yes \Box No (If no, go to question 14.)
6.	Please indicate how frequently your agency contacts the CJIS Division for III assistance. \Box Once a week or more \Box Two to three times a month \Box Once a month \Box Once a quarter \Box Once every six months or less
	What was the nature of the contact(s): (Please check all that apply.)
	☐ Report a Technical (System) Problem
	\square III out of service/restricted service.
	\square Problem in receiving a complete III rap sheet (criminal history record).
	\square III system response.
	\square Request Operational or Policy Information
	☐ III access.
	\square Interpreting the information on a III rap sheet.
	\square Accuracy of a III rap sheet.
	☐ III synchronization.
	\square III message clarification/formatting.
	\square Record discrepancies.
	\square General III information.
	☐ Other (Please specify.)

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 three 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.

When answering the next group of questions, please consider your most recent contact(s) with CJIS $\,$ staff regarding III assistance.

7.	How satisfied were you with the promptness of the CJIS staff's reply to your transaction/request? ☐ Extremely satisfied ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Not satisfied	
8.	How satisfied were you with the CJIS staff's knowledge of III? ☐ Extremely satisfied ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Not satisfied	
9.	How satisfied were you with the accuracy/reliability of the information you received? ☐ Extremely satisfied ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Not satisfied	
10.	How satisfied were you with the clarity/understandability of the answers you received? ☐ Extremely satisfied ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Not satisfied	
11.	How satisfied were you with the CJIS staff's demonstrated courtesy in addressing your question/issue? \Box Extremely satisfied \Box Very satisfied \Box Satisfied \Box Somewhat satisfied \Box Not satisfied	
12.	How satisfied were you with the CJIS staff's demonstrated professionalism in addressing your question/issue? □ Extremely satisfied □ Very satisfied □ Satisfied □ Somewhat satisfied □ Not satisfied	
13.	How satisfied were you with the CJIS staff's demonstrated approach in addressing your question/issue? □ Extremely satisfied □ Very satisfied □ Satisfied □ Somewhat satisfied □ Not satisfied	
14.	List any other III services you would find beneficial, such as additional training or system enhancements.	
Comments:		
may us	tell us about yourself. This information is optional and will not be used to identify a specific respondent. We e the provided information for follow-up or clarification.	
ORI: _		
Name:		
Positio	n/Title:	
Telepho	one Number:	
Facsim	ile Number:	