

Your opinions are very important to us. By completing this customer assessment survey, we will be better able to evaluate and improve our level of service.

City: _____

Date: _____

Time: _____

Please rate the following items by placing a check mark on the line that best describes your experience.

Upon entering the office, I was greeted:

- _____ in a very friendly manner
_____ in a moderately friendly manner
_____ in an unfriendly manner
_____ I was not greeted

Overall, the employees were:

- _____ very professional
_____ professional
_____ unprofessional (specify) _____

My visit lasted about:

- _____ 15 minutes or less
_____ 16 to 30 minutes
_____ 31 minutes to 1 hour
_____ over 1 hour

Did you have an appointment before visiting the office?

_____ Yes _____ No

The purpose of my visit was:

(check all that apply)

- _____ unemployment benefits or questions
_____ sickness benefits or questions
_____ placement services
_____ railroad service/compensation records
_____ pre-retirement information
_____ retirement benefit application
_____ survivor benefit application
_____ Medicare application or question
_____ income tax information
_____ other (specify) _____

I received the information/service I was seeking.

_____ Yes _____ No (specify) _____

The overall quality of service was:

- _____ outstanding
_____ very good
_____ average
_____ poor
_____ very poor

Are there any additional comments you wish to share about your visit?

Are there any suggestions on how we could improve our level of service?

OPTIONAL

Name: _____

Address: _____

Phone: () _____

Simply fold, tape, and drop in any mailbox. This survey has been postage paid for your convenience.

Paperwork Reduction and Privacy Act Notice

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Section 7b(6) of the Railroad Retirement Act (RRA) and Section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed so that the RRB can determine your opinion as to the quality of its services to you with respect to your application or claim for RRA/RUIA benefits and general inquiries you may have made with the RRB. Although you are not required to provide the requested information, your cooperation in doing so will assist the RRB in its continuing efforts to provide the public with timely and high quality service.

We estimate this form takes an average of 2 minutes per response to complete, including the time required for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our time estimate for this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

Customer-driven Quality Service Is Our Top Priority

Dear Customer:

Our goal is to provide you the efficient, friendly service you deserve. Please take a moment to tell us how our office served you.

If our office did not meet your expectations, we want to hear about it. Likewise, if you received excellent service, we want to hear that too so that we can commend our employees for a job well done.

Your comments and suggestions allow us to improve our level of service. Our top priority is you, the customer. We want to make sure you are pleased with the service you receive.

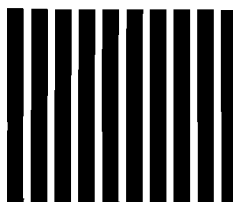
Sincerely,

Michael S. Schwartz
Chairman

V. M. Speakman, Jr.
Labor Member

Jerome F. Kever
Management Member

DIRECTOR OF PROGRAMS
US RAILROAD RETIREMENT BOARD
844 N RUSH ST
CHICAGO IL 60611-9835



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Form Approved
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Working To
Strengthen
America's
Commitment To
Quality

Customer Assessment Survey



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Visit our Web site at <http://www.rrb.gov>

G-201 (08-03)