DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU NRC SURVEY - CLAIMANTS

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1513-0124.

Specialist/Clerks Name		naustry Member O	s name	
Registry/Reference Nun	nber Permit	/FAM Number	Person being Interviewed	
(Rate on a scale of 1 t	o 5 with 1 being	g least satisfied an	d 5 being most satisfied. Answer 'N/A' if question does not apply.)	
1. How sa	tisfied were y	ou with the ease	of obtaining the appropriate claim form(s)?	
2. How sa	tisfied were y	ou with the ease	of understanding the claim form instructions?	
3. How rea	asonable was	the information v	we asked you to provide?	
4. How sa	tisfied were ye	ou with the ackno	owledgement that we received your claim?	
5. Did you	contact the s	pecialist working	on your claim? (If 'yes' ask question 6a)	
5a. How	satisfied we	re you with the ea	ase of contacting the specialist working on your claim?	
5b. How	satisfied we	re you with the te	chnical knowledge of your specialist?	
5c. How	satisfied we	re you with the co	ourtesy and professionalism of your specialist?	
5d. How	satisfied we	re you with the at	pility of your specialist to resolve issues?	
5e. How		re you with your s	specialist in keeping you up-to-date on the status of your	
6. How sa	tisfied were ye	ou with the length	n of the claim filing process from start to finish?	
7. How sa	tisfied were ye	ou with the expla	nations in the notification of the final action on your claim?	
8. How sa	tisfied were y	ou with the amou	nt of time you had to spend on the claim filing process?	
	tisfied were yen	ou with the fairne	ess of treatment by the Bureau in deciding the final action	
10. How sa	tisfied were ye	ou with the overa	Il way your claim was handled?	