

United States Coast Guard Maritime Safety and Security Customer Satisfaction Report

Select Activity Type *

Select Local USCG Unit or Nearest Port *

Other Activity

First Name:

Last Name:

Email:

Phone Number:

Vessel or Facility Name:

Vessel or Facility Official Number:

Select Country of Registry (If applicable)

Company Name

Company Position

*** Required Fields**

Based on the activity type selected above, please select the applicable box to the right.	Perception of the Customer					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The purpose and process of the USCG activity was explained clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was/we were treated with dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Form(s) issued to me clearly identified the applicable regulation(s) for which I was cited as noncompliant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USCG activity results and any item(s) requiring further coordination were fully explained and mutually understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USCG officials were professional and knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local ports and waterways are safe, secure, and clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeport content (e.g., contact info, resources) is accessible and current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USCG officials were prompt with returning phone call(s), e-mail(s), and scheduling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional remarks for strongly disagreeing:

Additional remarks for strongly agreeing:

Suggestions for how we can serve you better:

Please indicate if you would like a USCG representative to contact you (If yes, please ensure that you provide your e-mail or telephone number at the top) Yes No

Best time to contact you

Thank you for taking time to complete this survey; we value your feedback in directly helping the USCG ensure the highest level of commitment and service to the maritime industry and public.

This is a voluntary survey form with OMB No.: 1625-0080, and Expires: mm/dd/yyyy