

## Bridges to Opportunity Customer Survey

Thank you for participating in the FSA *Bridges to Opportunity* Customer Survey. Your feedback from this easy-to-complete survey will be used to enhance the referral process and this pilot program. We value your comments and feedback! The estimated time to complete this survey is less than 5 minutes.

The first part of the survey includes a series of rating questions that ask for your feedback on several aspects of customer service including:

- ◆ Timeliness
- ◆ Relevance
- ◆ Resolution of inquiry/concern

The last question provides you an opportunity to provide any open-ended comments you may want to contribute.

If you have any problems with taking this survey please contact [insert POC information].

Please indicate your satisfaction with each aspect of customer service. How would you rate the following based on your most recent experience with FSA?

\*indicates required answer to continue

1. Was your inquiry with FSA answered in a timely manner?\*
- Yes
- No
  
2. What is your satisfaction with the relevance of product(s) or resource(s) you received from FSA?\*
- Extremely Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Extremely Dissatisfied
  
3. Would you recommend FSA to others as a resource?\*
- Yes
- No

**IF YOU WERE REFERRED TO ANOTHER PARTNER, PLEASE RESPOND TO THE FOLLOWING:**

4. Was your inquiry with the partner answered in a timely manner?\*
- Yes
- No
  
5. What is your satisfaction with the relevance of product(s) or resource(s) you received from the partner organization?\*
- Extremely Satisfied

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- Somewhat Satisfied
- Somewhat Dissatisfied
- Extremely Dissatisfied

6. Have you participated in any meetings with partners as a result of the FSA referral?\*
- Yes
  - No

**IF ANSWERED YES TO Q.6:**

7. What is your satisfaction with the quality of the information received in the meetings?\*
- Extremely Satisfied
  - Somewhat Satisfied
  - Somewhat Dissatisfied
  - Extremely Dissatisfied

**ALL:**

8. Please provide feedback on how we can improve our service. You may also use this space to provide explanation or clarification to the responses you provided above or provide general feedback to FSA.

**OPTIONAL QUESTION:**

9. Do you consider yourself a: (choose all that apply)
- Local or Regional Specialty Crop Producer
  - Veteran
  - Beginning Farmer or Rancher
  - Historically Underserved Producer
  - Commodity Producer

**Thank you for participating in the *Bridges to Opportunity* Customer Survey.**

**Your feedback is important and will be used to enhance our customer resources and services!**

## **Bridges to Opportunity Customer Survey**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

### ***Public Burden Statement***

***According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0503-0021. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.***