

(OMB Control Number: 3090-0297; Generic Clearance for the Collection of Routine Customer Feedback)

Title: General Services Administration (GSA) Personal Property Management Customer Experience Survey (Req-8)

OMB Control 3090-0297
Expires: 09/30/2014

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0297. We estimate that it will take 5 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat (MVCB), ATTN: IC 3090-0297, 1275 First Street, NE., 7th Floor, Washington, DC 20417.

1. Please enter the name of the GSA Employee with whom you interacted.

2. I was treated with courtesy.				
<table border="1"><tr><td><input type="checkbox"/></td><td>Yes</td></tr><tr><td><input type="checkbox"/></td><td>No</td></tr></table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes			
<input type="checkbox"/>	No			

3. Please enter your contact information so that we can fix this situation.

4. Any issues I had were resolved.		
<table border="1"><tr><td><input type="checkbox"/></td><td>Yes</td></tr></table>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes	

<input type="checkbox"/>	No
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5. Please enter your contact information so that we can fix this situation. (If you have already entered your contact info for a previous question, feel free to type "same" or "NA")

6. I was satisfied with the quality of customer service.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

7. Please enter your contact information so that we can fix this situation. (If you have already entered your contact info for a previous question, feel free to type "same" or "NA")

8. As a result of this experience, I would be likely to contact this office again.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

9. Please enter your contact information so that we can fix this situation. (If you have already entered your contact info for a previous question, feel free to type "same" or "NA")

10. If there is anything else you would like to share about your customer service experience, please enter it here.

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