

Public Survey
Customer Feedback

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IAC CUSTOMER SATISFACTION SURVEY

FORM APPROVED OMB NO. 1040-0001

Expires: 06/30/2015

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Overall Service Rating

+ Add Question

Q1 Edit Question Add Question Logic Move Copy Delete

* 1. How would you rate your overall satisfaction with the products/services you have received?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

+ Add Question

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Use of Products & Services

+ Add Question ▼

Q2 Edit Question ▼ Add Question Logic Move Copy Delete

*** 2. How long have you used our products/services?**

- Less than 6 months
- 6 months to 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years or more

+ Add Question ▼ Split Page Here

Q3 Edit Question ▼ Add Question Logic Move Copy Delete

*** 3. Which of our products/services do you use? (Check all that apply)**

- Map purchase
- Copy services
- Certified document services
- Notary services
- Onsite research/case file review
- Filing of leases, applications or claims
- Permit or pass purchase

+ Add Question ▼ Split Page Here

Q4 Edit Question ▼ Add Question Logic Move Copy Delete

*** 4. How frequently do you use our services?**

- Daily
- Weekly
- Monthly
- Every 2 - 3 months
- Every 6 months
- Annually

+ Add Question ▼ Split Page Here

Q5 Edit Question ▼ Add Question Logic Move Copy Delete

*** 5. What was the purpose of your visit today? Please check all that apply.**

- Map purchase
- Copy services
- Certified document services

- Notary services
- Onsite research/case files
- Oil & Gas/Geothermal
- Mining

+ Add Question ▼

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PAGE 3

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Quality of Products & Services

+ Add Question ▼

Q6

Edit Question ▼

Add Question Logic

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*** 6. Thinking of similar products/services offered by other organizations, how would you compare the products/services offered by our organization?**

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse
- Don't know

+ Add Question ▼ Split Page Here

Q7

Edit Question ▼

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*** 7. Please rate our staff on the following attributes:**

	Very Good	Good	Fair	Poor	Very Poor
Accuracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼ Split Page Here

Q8

Edit Question ▼

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8. Do you have any suggestions on how we could improve our products or services or additional products or services we could provide to improve your customer experience?

[Empty text input field]

+ Add Question ▼

+ Add Page

PAGE 4

Edit Page Options ▼ Move Copy Delete

Show this page only

Customer Demographics

+ Add Question ▼

Q9 Edit Question ▼ Add Question Logic Move Copy Delete

9. Please indicate your age:

- Under 18 years
- 18 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 years or above

+ Add Question ▼ Split Page Here

Q10 Edit Question ▼ Add Question Logic Move Copy Delete

10. Please indicate your gender:

- Male
- Female

+ Add Question ▼ Split Page Here

Edit Question ▼ Move Copy Delete

If you would like to discuss your responses or have additional recommendations to provide, please contact Dilene A. Smith, Chief, Branch of Information Access & Customer Service.

Thank you for taking the time to complete our survey. Your opinion is extremely valuable to us.

Paperwork Reduction Act

The purpose of this survey is to provide information to the Bureau of Land Management for evaluating and improving the recreation services and programs that it provides to the public. Response to this survey is voluntary. No action may be taken against you for

refusing to supply the information requested. The reporting burden for this form is estimated to average 3 minutes, which includes the time for reviewing instructions and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of this form to: U.S. Department of the Interior, Bureau of Land Management (1040-0001), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Room 2134LM, Washington, D.C. 20240.

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No Privacy Act Information is being collected; therefore, no direct link to the individual(s) filling out this survey will be available. Information collected will be compiled to produce statistics.

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