

TRIBAL HOMEOWNER SURVEY

Sponsored By:
The Division of Sanitation Facilities Construction (DSFC)
 The Sanitation Facilities Construction Program of the Indian Health Service (IHS)

DSFC Customer Service

Customer service is the theme that guides our efforts to serve you. Our service mission is the cooperative development and continuing operation of safe water, wastewater, and solid waste systems. We are committed to improving our services by listening to you. In addition, we are committed to listening to our field staff and their views on customer service. Through a strong culture of customer service, we will achieve our mission. Service is the spirit of IHS SFC.

Circle the number that indicates your degree of satisfaction as described below:

- 1 = Not at all Satisfied
- 2 = Not Satisfied
- 3 = Neutral
- 4 = Satisfied
- 5 = Extremely Satisfied
- N/A = Not Applicable

		Not at all Satisfied				Extremely Satisfied	
1. Rate the availability of information about getting water and sewer service (Did you know who to contact?)	1	2	3	4	5	N/A	
2. Rate the water and sewer application process	1	2	3	4	5	N/A	
3. Expertise of staff in addressing your needs	1	2	3	4	5	N/A	
4. Quality of water and sewer service received	1	2	3	4	5	N/A	
5. Time required for service delivery	1	2	3	4	5	N/A	
6. Your input was considered during this project	1	2	3	4	5	N/A	
7. Amount of communication you received from IHS staff during the entire process	1	2	3	4	5	N/A	
8. Courtesy of IHS staff who worked with you	1	2	3	4	5	N/A	
9. Received a copy of homeowner as-builts?				Yes		No	
10. If you received a well, did you get a copy of the water test results?				Yes		No	
11. Received appropriate homeowner training?				Yes		No	
12. What can we do to improve our services in the future?							

13. Would you like a follow up telephone call? Yes No
 Contact Telephone: _____

NAME OF RESPONDENT (OPTIONAL): _____ Date: _____

TRIBE: _____

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 0917-0036-20. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

