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| 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 0579-0377. The time required to complete this information collection is estimated to average .083 hours 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. | | | **OMB APPROVED**  0579-0377  **Exp.** 08/2015 |
| **UNITED STATES DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  **AND**  **Department of Health and Human Services** | | **CUSTOMER SERVICE SURVEY** | |
| **1. IN WHAT CAPACITY DID YOU CONTACT the Federal Select Agent Program?** | | | |
| Responsible Official Biosafety Official Entity Senior Official  Principal Investigator Entity Manager Other (*specify)* | | | |
| **2. HOW SATISFIED WERE YOU WITH THE FEDERAL SELECT AGENT PROGRAM IN THE FOLLOWING CATEGORIES?** | | | |
| **COURTESY**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **PROFESSIONALISM**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **HELPFULNESS**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **TIMELINESS**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **KNOWLEDGE**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **COMMUNICATION**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **TREATING YOU AS A VALUED CUSTOMER**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **3. HOW SATISFIED WERE YOU WITH YOUR OVERALL EXPERIENCE IN OUR OFFICE?** | | | |
| Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | | |
| **4. WHAT WAS GOOD ABOUT OUR SERVICE?** | | | |
| **5. WHAT COULD WE DO BETTER?** | | | |
| **IF YOU WOULD LIKE A RESPONSE FROM THE FEDERAL SELECT AGENT PROGRAM, PLEASE PROVIDE YOUR NAME AND PHONE NUMBER OR EMAIL.** | | | |
| NAME: | | | |
| PHONE NUMBER : | EMAIL ADDRESS: | | |
| Your answers are voluntary, confidential, and anonymous. They will be used by the Federal Select Agent Program to evaluate and improve customer service.  Please fold this survey and return it by mail or in-person to the office you visited. | | | |

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**Animal and Plant Health Inspection Service**

**Agriculture Select Agent Services**

**4700 River Rd., Unit 2**

**Riverdale, MD 20737**

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REVERSE