


Assistance & Inquiry Survey

 Thank you for interest in the Department of Veterans Affairs (VA) acquisition programs.

This survey questionnaire is in reference to your recent inquiry with an official of the VA National Acquisition Center (NAC)

The reason for this survey is to better service our partners and customers. We are asking you to take a few minutes to complete this survey regarding the service you received.

Date of Service: (mm/dd/yyyy)

Customer Existing Vendor Potential Vendor

Your First Name: Your Last Name:

Your contact email address:

Your contact phone number:

How did you contact the NAC? Phone Email US Mail In person

What VA Service Assisted you?

- FSS Medical Equipment & Supplies
- FSS Pharmaceutical, Dental and Other Medical Products
- FSS Professional Services
- National Contracts Direct Delivery
- National Contracts Medical Surgical
- National Contracts Pharmaceutical
- Office of Executive Director
- Denver Acquisition & Logistics Center
- Other

Select the name of the person who assisted you

The staff member that assisted me was courteous

Strongly Agree Agree Neutral Disagree Strongly Disagree

My question or issue was handled timely

Strongly Agree Agree Neutral Disagree Strongly Disagree

The customer service I received from the NAC exceeded my expectations

Strongly Agree Agree Neutral Disagree Strongly Disagree

The NAC website www.va.gov/oamm/oa/nac is informative

Strongly Agree Agree Neutral Disagree Strongly Disagree

How can we improve our service to you or, do you have any additional comments? (Limited to 500 characters)

OMB Number: 2900-0770

RESPONDENT BURDEN: Public reporting for this collection of information 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. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, D.C. 20420. Do NOT send requests for benefits to this address.

PRIVACY ACT STATEMENT: The information collected on this form is necessary to meet the identify proofing requirements of Homeland Security Presidential Director (HSPD)-12. The information is used to verify the personal identify of VA Employees, contractors, and affiliates (such as student, WOC employees, and others) prior to issuing a Department identification credential. The identification credential is required for the use of VA physical and digital access control systems. The collected information is protected in accordance with the Privacy Act of 1974, 5 USC Section 552(3) and maintained under the authority of 38 USC Section 501 and 3 USC Sections 901-905.