

MSFC Customer Survey (MSFC Form 4306) email to respondent

MSFC is committed to completely satisfying our customers. Since Marshall has recently provided you a product or service, you are in the best position to evaluate how well we are achieving that goal. Please let us know how well we have served you by completing the short customer electronic survey available at URL: (pointer to Marshall Customer Feedback e-survey form). Thank you for your input and we hope to have the opportunity to serve you again in the future.

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 2700-0153 and expires on 07/31/2017. We estimate that it will take 10 minutes to read the instructions, gather the facts and answer the questions. Send only comments relating to our time estimate to: Sylvia.A.Merritt@nasa.gov

MSFC CUSTOMER FEEDBACK

National Aeronautics and
Space Administration



<i>Form Approved</i> O.M.B. No. 2700-0153 Expires: 07/31/2017		DATE OF FEEDBACK:	
MSFC is committed to completely satisfying our customers. Please let us know how we are doing.			
1. CUSTOMER NAME:		2. CUSTOMER COMPANY NAME, ADDRESS, AND ORGANIZATION/ DEPARTMENT CODE (as applicable);	
3. CUSTOMER TELEPHONE NUMBER (and extension);			
4. CUSTOMER E-MAIL:			
5. MSFC PROVIDER (contact name and/or organization);		6. PROVIDER TELEPHONE NUMBER:	7. PROVIDER ORG. CODE:
8. PRODUCT OR SERVICE PROVIDED:			
9. HOW WOULD YOU CHARACTERIZE THE NATURE OF THE JOB WE ARE DOING/DID FOR YOU? <input type="checkbox"/> CRITICAL-PATH <input type="checkbox"/> MODERATELY IMPORTANT <input type="checkbox"/> OPTIONAL			
10. PLEASE RATE THE QUALITY OF THE PRODUCT OR SERVICE PROVIDED (Select one): <input type="checkbox"/> UNACCEPTABLE <input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> NOT APPLICABLE PLEASE COMMENT ON THE QUALITY OF OUR WORK.			
11. PLEASE RATE OUR SCHEDULE PERFORMANCE (Select one): <input type="checkbox"/> UNACCEPTABLE <input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> NOT APPLICABLE PLEASE COMMENT ON OUR SCHEDULE PERFORMANCE.			
12. PLEASE RATE OUR COST/PRICING (Select one): <input type="checkbox"/> UNACCEPTABLE <input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> NOT APPLICABLE PLEASE COMMENT ON OUR COST/PRICING.			
13. PLEASE RATE OUR OVERALL PERFORMANCE (Select one): <input type="checkbox"/> UNACCEPTABLE <input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT WHAT COULD WE DO TO IMPROVE YOUR LEVEL OF SATISFACTION?			
TO BE COMPLETED BY MSFC SAFETY AND MISSION ASSURANCE DIRECTORATE WHILE PROCESSING CUSTOMER FEEDBACK RECORD:			
14. CUSTOMER FEEDBACK NUMBER:		15. REFERENCED DR/QSDN/RCAR:	
16. ACTION TAKEN:			
17. STATUS:		18. CLOSURE DATE:	

PRA Burden Statement:

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