

# OUR COMMITMENT TO YOU

## HOW ARE WE DOING?

0960-0788

When you conduct business with us:

- We will provide service through knowledgeable employees who will treat you with courtesy, dignity and respect every time you do business with us.
- We will provide you with our best estimate of the time needed to complete your request and fully explain any delays.
- We will clearly explain our decisions so you can understand why and how we made them and what to do if you disagree.
- We will make sure our offices are safe and pleasant and our services are accessible.
- When you make an appointment, we will service you within 10 minutes of the scheduled time.
- When you call our 800 number, you will get through to it within 5 minutes of your first try.
- If you request a new or replacement Social Security card from one of our offices, we will mail it to you within 5 working days of receiving all the information we need. If you have an urgent need for the Social Security number, we will tell you the number within 1 working day.

### PRIVACY ACT

The Social Security Administration is authorized to collect the information on this comment card under Section 702 of Title VII of the Social Security Act. Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you.

**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 control number. We estimate that it will take you about 5 minutes to read instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

PLEASE FILL OUT AND MAIL

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

### DID YOU VISIT FOR:

- |                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> A Social Security Card           | <input type="radio"/> An Appeal                        |
| <input type="radio"/> Retirement or Survivors Benefits | <input type="radio"/> A Personal Earnings Statement    |
| <input type="radio"/> Disability Benefits              | <input type="radio"/> Report a Change for Your Records |
| <input type="radio"/> SSI Benefits                     | <input type="radio"/> Other (specify) _____            |

Did you have an appointment?

- Yes If yes, appt. time \_\_\_\_\_
- No

How long did you wait to be served?

- 30 minutes or less
- More than 30 minutes

**Blacken the circle which corresponds closest to your feelings.**

### HOW SATISFIED WERE YOU WITH:

	Very Satisfied			Very Dissatisfied		
The overall service you received?	①	②	③	④	⑤	⑥
Our appointment system?	①	②	③	④	⑤	⑥
The time you waited to be served?	①	②	③	④	⑤	⑥
The comfort of the waiting area?	①	②	③	④	⑤	⑥
The privacy in the office?	①	②	③	④	⑤	⑥
The courtesy of the staff?	①	②	③	④	⑤	⑥
The knowledge of the staff?	①	②	③	④	⑤	⑥
The helpfulness of the staff?	①	②	③	④	⑤	⑥
The accuracy of our information?	①	②	③	④	⑤	⑥
The clarity of our information?	①	②	③	④	⑤	⑥

### COMMENTS/SUGGESTIONS TO IMPROVE OUR SERVICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Optional)	Telephone Number (Optional)
	(Area Code)

Address (Optional) \_\_\_\_\_



To the Public We Serve:

The Social Security Administration is committed to high quality service. Providing high quality service is more than just a slogan to us. It is our commitment to find out what you want and then continually improve the ways we deliver service to meet your expectations.

You can help us to improve our service by taking a few minutes to answer the questions on this customer comment card. Please answer these questions based on your own experience with Social Security.

Don't delay; your responses are very important. Please mail the completed postage-paid comment card to us.

Thank you for your assistance.

Best regards,

Office Manager

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 18452 WASHINGTON, DC

POSTAGE WILL BE PAID BY SOCIAL SECURITY ADMINISTRATION

SOCIAL SECURITY ADMINISTRATION