

DGMO CUSTOMER SERVICE SATISFACTION SURVEY

1. Please select the area in which you work.
[HRSA Office of Federal Assistance Management (OFAM); HRSA Program Office; Other HRSA Office; Grant Recipient; Other External Entity]
2. Please provide the grant number associated with your inquiry.
[Type grant number]
3. What was the primary reason for your contact/communication with the HRSA Division of Grants Management Operations (DGMO)?
[Notice of Funding Opportunity (NOFO)/Grant Application; Notice of Award (NoA); FFR; Prior Approval; Grant Term and/or Condition; Closeout; Other]
4. Which DGMO staff member assisted you?
[Type name]

Considering your most recent interaction with a DGMO staff member, please indicate the degree to which you agree or disagree with the following statements:

5. I am satisfied with the service I received from the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
6. This interaction increased my confidence in the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
7. My need was addressed by the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
8. It was easy to complete what I needed to do with assistance from the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
9. It took a reasonable amount of time to do what I needed to do.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
10. I was treated fairly by the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
11. The DGMO employee I interacted with was helpful.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

12. How long did it take for you to receive a response to your specific question, concern or request?
[1-2 business days; 3-4 business days; 5 or more business days; I did not receive a response]
13. How would you rate your overall customer service experience?
[Excellent; Good; Fair; Poor]
14. Do you have any other comments, questions, concerns?
[Type comments]