

## **OAMP Customer Satisfaction Survey**

Based upon your most recent experience with the Health Resources & Services Administration (HRSA), Office of Acquisition Management and Policy (OAMP) staff member, we ask that you please complete this brief survey to let us know how your experience was and areas where we can improve. OAMP is dedicated to providing quality customer service to our internal and external customers and your feedback will provide valuable input so we can exceed your expectations.

On a scale of 1-5 (1=Poor; 5=Excellent)

Please rate the following:

*	1. What is your first name?	
*	2. What is your last name?	
	3. What is your phone number?	
*	4. How was the professionalism of the OAMP staff me	ember?
	Poor - The staff member failed to meet expectations and needs immediate improvement	
	Fair - The staff member met some expectations but could use improvement  Satisfactory - The staff member met expectations	
	Very Good - The staff member exceeded expectations	

OAMP Customer Satisfaction SurveyOMB Control No. 0915-0212, Expiration Date XX/... Page 2 of 5

OAMP Customer Satisfaction SurveyOMB Control No. 0915-0212, Expiration Date XX/... Page 3 of 5

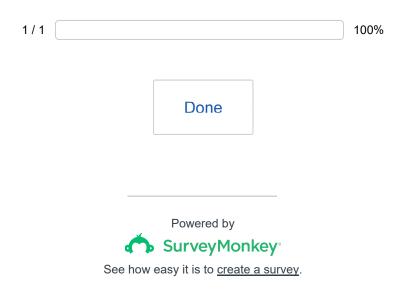
## \* 12. Please specify which OAMP staff member assisted you.

*	13. Thinking about the service you have received, what changes can we make to improve your OAMP customer service experience?
* 14. If the OAMP staff member exceeded your expectations, or did not m service expectations, please elaborate regarding your experience.	
*	15. Bureau/Office/Vendor/Other?
	(please specify)

OAMP Customer Satisfaction SurveyOMB Control No. 0915-0212, Expiration Date XX/... Page 4 of 5

Public Burden Statement:

The purpose of the feedback received from the survey will provide the HRSA, Office of Acquisition Management and Policy (OAMP) with areas in which to improve customer service and areas where OAMP is excelling. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0212 and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.



Privacy & Cookie Policy