

Firearms and Explosives Services Division

# Customer Service Survey

Thank you for choosing to participate in this short survey. This survey's focus is the customer service that is provided by the Firearms & Explosives Services Division (FESD) and its four branches:

- Federal Firearms Licensing Center
- Firearms and Explosives Imports Branch
- National Firearms Act Branch
- Federal Explosives Licensing Center

The survey consists of questions directly related to your experience when contacting the FESD or one of its branches. The questions are in yes/no, multiple choice and fill-in-the-blank format. For each question, provide the answer that most closely represents your opinion related to the service that was provided to you.

Your answers will help us to provide excellent customer service for both the firearms and explosives industry as well as the general public. You will also have the opportunity to offer general comments at the end of the survey.

**Type of Customer**

Are you: (Indicate ONE answer)

- Industry Member
- Local or State Police
- Federal Government (Agency) \_\_\_\_\_
- State or Local Government (Agency) \_\_\_\_\_
- Private Citizen
- Member of U.S. Military
- Other (Describe) \_\_\_\_\_

**Contact Frequency**

How many times in the past year have you contacted the FESD or one of its branches?

- 1-2 times
- 3-4 times
- More than 4 times

**Method of This Contact**

In what way did you contact us most recently?

- Phone
- Letter
- Fax
- Email
- In Person (such as at a conference or show)

**Servicing Office**

Which servicing location did you contact most recently? If you have had contact with multiple branches, please complete a separate survey for each contact.

- Federal Firearms Licensing Center
- Firearms and Explosives Imports Branch
- National Firearms Act Branch
- Federal Explosives Licensing Center
- Firearms and Explosives Services Division Staff
- I Don't Know

**Date of Service**

Please provide the date you contacted the above servicing location

Date \_\_\_\_\_

**Service Rating**

Using the below scale, please rate the person who most recently assisted you.

	Outstanding	Good	Fair	Poor	Unacceptable
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understood your problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solved your problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Individual Who Provided Service**

Please provide the name of the individual who most recently assisted you (if known). If you have had contact with multiple people, you may complete a separate survey for each contact.

Name \_\_\_\_\_

**Voice Message**

If you called and left a voice message, did you receive a call back?

- Yes
- No
- N/A

**Response Time**

Please provide the amount of time it took to get a call back:

- Within 1 hour
- Within 4 hours
- By the end of the business day
- By the next business day
- Within 2-3 days
- Within 1 week
- Longer than 1 week

**Transfers**

If you were transferred or referred to another individual or agency, were you given useful names and/or phone numbers?

- Yes
- No
- N/A

**Supervisor/Management**

If your problem or concern could not be resolved with an initial phone call and you sought elevated assistance, were they able to assist in resolution?

- Yes
- No
- N/A

**Overall**

Overall, how would you rate your most recent experience with our

Division/Branch?

- Outstanding
- Good
- Fair
- Poor
- Unacceptable

**OPTIONAL**

To help us improve future customer service, may we contact you about your survey responses?

- Yes
- No

**Contact Information**

Please provide your contact information so that we may follow up regarding your responses:

Name \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Best time to call \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Comments**

Please provide any comments on how we can improve the quality of service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is to capture data that permits the accurate assessment of program activities, and assists in increasing customer satisfaction.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

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.